

DATE

(Each entry must be signed)

- *J* is home time

the Gm

ure

LPb. + Ca + HPO₄

1 levels (fall off)

GRO-C

10/1 Jan

US Parent home Normal

MSU - no growth

the Gm Normal

- Contacted patient - R. further bleeding
none now / clear.

can stop concentrate now

Reassured re. scan + MSU results

J home at last night

GRO-C

8/6/92

Attended H/C with father

3/7 History of sore throat, 'tickly' dry cough,
feverish.

Poor appetite.

Similar problem 4/52 ago. Cleared up with
two courses of antibiotics: augmentin &
erythromycin?

Has been on augmentin for 2/7. No real
improvement.

HISTORY SHEET (Continuation)

Hospital No.

Surname

First Names

Ward

Mark

DATE

(Each entry must be signed)

O/E Fairly well

Apyrexial

Cervical & submandibular & supraclavicular lymphadenopathy

Throat - Soft palate v. inflamed

- Bilateral tonsillar enlargement
- Small amounts of exudate on (R) tonsil

Imp^x/ Exudative tonsillitis

→ Throat swab $\left\{ \begin{array}{l} \text{CMV} \\ \text{HSV} \\ \text{Bacteriology} \end{array} \right.$

→ Erythromycin 500mg QDS '52

See 4/7

GRO-C

12/6/92

Swabs -ve bacteria & fungal

Fevers + sweats have subsided

Throat still sore but improving

O/E looks better

Throat still injected + tonsils inflamed but less so.
LW ↓

Continue erythromycin for 10/7 in total

See SOS

GRO-C

Virology

ROYAL FREE HOSPITAL

Tel: 071 733 3333

204967V

PLEASE FILL IN ALL SECTIONS CLEARLY WITH NAMES IN BLOCK CAPITALS

Hosp. No. 919375
Surname Ward
Forename Mark
D.O.B. GRO-C 69

Ward H/C Hospital RFH
Consultant CAZ Specialty Haem
Report Destination (if not as above):

Sex Male
Status NHS Private Other

For further clinical information contact:
Dr's Name VIRCHS Bleep/Tel No. GRO-C

SAMPLE Date 8/6/92 Time 11
Type ☐ Blood ☐ Urine ☐ CSF ☐ Faeces ☒ Throat swab

CLINICAL DETAILS:

HIV +ve
Tonsillitis

ANTIVIRAL DRUGS:
Given:

Contemplated:

VIRUS SUSPECTED:

GRO-C

TESTS REQUIRED:

CMV DEAFF
HSV Culture
please

GRO-C

For Lab Use:

NO VIRUS ISOLATED IN TISSUE CULTURE

ROYAL FREE HOSPITAL
POND STREET
LONDON NW3 2QG
TELEPHONE 071 794 0500



HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT
FAX No: 071 431 8276

Director: Dr Christine A Lee MA MD MRCPath FRCP

AV/LRB/919375

15 June 1992

Dr D Kirby
The Surgery
Nevills Road
LEITCHWORTH
Herts

Dear Dr Kirby,

Mark Anthony WARD GRO-C 69

GRO-C

This 23 year old gentleman with severe Haemophilia A and HIV disease attended the Haemophilia Centre on the 8th June 1992 with a three day history of a very sore throat, a particularly dry cough, fevers and sweats. He had associated general malaise and anorexia. He had a similar problem four weeks ago which eventually cleared up following two courses of antibiotics which I believe were augmentin followed by erythromycin. He had been on augmentin for two days and there had been no real improvement.

On examination I found him to be fairly well and afebrile. He had cervical, submandibular and supraclavicular lymphadenopathy. On examination of his throat soft palate was very inflamed and there was bilateral tonsillar enlargements with a small amount of exudate on the right tonsil. My impression was that he was suffering with exudative tonsillitis and following obtaining throat swabs for bacteriology, fungal analysis and virology I started him on erythromycin 500mg QDS.

I reviewed him again in the Haemophilia Centre on the 12th June 1992 and by this time he was feeling considerably better. The fevers and sweats had subsided and his throat, although still sore, was improving. On examination there was still considerable

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AV/LRB

15 June 1992

Mark Anthony WARD GRO-C 69

injection of the soft palate, but his tonsils were certainly less inflamed. There was also resolution of the lymphadenopathy. Swabs so far have been negative for bacteriology and fungal analysis. I have asked him to continue his erythromycin for a full 10 days in total and he is to return to the centre if he has any further problems.

Yours sincerely,

GRO-C

Dr A Virchis BSc MRCP
Registrar in Haemophilia

AV/WARD