

HISTORY SHEET (Continuation)

DATE

(Each entry must be signed)

Hospital No.

Surname

WARD

First Names

Mark

6/4/91

All well
See Gr.

GRO-C

28/1/91

Severe H.A.
Hiv re

Am Stearns

- 4/7 ago after a flight - pain in
back & upper limbs - starts from
ps -> down like bite
- some pain at top of spine

- no fever / vomiting / diarrhoea

And pt of J. Recent stress

ptw On call Home - for P.H. 5.11 daily

Seemed to be improve over next few days

Then yesterday again worse blood to

urine - some clotting

He says pain just dull ache in back

no pt of TB

Grandfather had renal calculus

0/6

Pale w/ no fever

As usual - frequently

Urine - blood ++

J. m.c.s

MEB

Arch

GRO-C

DATE

(Each entry must be signed)

- *J* is home time

the Gm

ure

ure + Ca + HPO₄

1 level (fall off)

GRO-C

10/1 Jan

US Report from Nman

MSU - no growth

the Gm normal

- Contacted patient - to further study
some are clean.

can stop concentrate now

Reassured re scan + new 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.



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HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

Dr P. B. A. KERNOFF, MD FRCP FRCPPath
Director

Dr CHRISTINE A. LEE, MA MD FRCP MRCPPath
Consultant Haematologist

REF: RG/JS/919375

10 December 1991

Dr. D. Kirby
The Surgery
Nevills Rd
Letchworth
Herts

Dear Dr. Kirby,

RE: Mark Antony WARD DOB GRO-C 69
GRO-C

Diagnosis: 1. Severe Haemophilia A
2. HIV positive

This 22 year old gentleman with severe Haemophilia A, who is HIV positive, attended on the 28th of November with a four day history of back ache and vague lower abdominal pains. He had noticed during that time that his urine had become very dark. He had not fever, vomiting or diarrhoea and had no past history of renal disease. He had discussed the matter with the on-call haematology registrar two days previously who had suggested daily factor VIII treatment. He seemed to have improved initially and then, on the day prior to his presentation, once again had started to pass some blood in his urine with frank clots. In his family history apparently his grandfather had had renal calculi.

On examination the abdomen was soft and non tender. There were no masses or organomegaly. Urinalysis was positive for blood plus plus. A plain abdominal X-ray showed no abdominal abnormality. A urine sample was taken for bacteriology and an ultrasound of the renal tract was booked. It was suggested that he had daily factor concentrate until further notice.

The ultrasound of his renal tract was performed on the 6th of December and showed no abnormality. Bacteriology on the urine to date showed no growth and the full blood count and ESR were likewise normal.

Dr. Kirby
Mark WARD

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The patient was due to discuss the results on the 10th of December but preferred to contact us by telephone to discuss the results. He informed me that his symptoms had subsided and his urine had gradually returned to a normal colour. He was reassured by his normal results and I told him to stop his daily treatment with concentrate with regard to this episode.

Yours sincerely,

GRO-C

Dr. Richard Gale
Registrar in Haemophilia