

**Haemophilia Centre and Haemostasis Unit**

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**GRO-C**

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AT/RM/919375

19<sup>th</sup> August 2004 (dictated 19/08/04)

Dr Mike Youle  
 Director of HIV Research  
 HIV/Infection and Immunity Department  
 Royal Free Hospital

Dear Dr Youle

Re: **Mark Antony WARD - d.o.b. **GRO-C** 69**

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**Diagnosis: Severe haemophilia A, Hepatitis C (not on treatment), and HIV**

**Medications: Indinavir 800mg bd, Nevirapine 200mg bd, Tenofovir 300mg od, Ritonavir 100mg bd, Amitriptylline 25mg nocte, Helixate (FVIII 1000 units on demand)**

I wonder if you could see this gentleman in your HIV clinic. This was recommended by one of your Registrars at the Ian Charleson Centre. He has also been seen regularly at the combined Haemophilia/Liver clinic by Professor Dusheiko and Dr Yee.

Mr Ward acquired HIV and HCV from the FVIII products back in the 1970s. He is currently on the anti retro viral treatment, for many years, but is not on any hepatitis C treatment currently. This is due to the patient's decision. Mr Ward has been complaining of a five-month history of muscle aches and pains all over the body. This has been gradually worsening. However, on enquiry he has had no muscle injuries or any other symptoms to suggest this is flu. He has also never been on Statin medications. He also has no family history or personal history of autoimmune disorders, nor features on clinical examination to suggest this. On examination, there was normal muscle power and no focal neurology. There was also no bleeding, bruises, or injury on muscles.

I understand that some of the anti retro viral medications, especially Ritonavir can cause rhabdomyolysis. I have therefore checked his creatinine Kinase, which was normal at 82. His liver function test was also normal except a raised ALP at 300. It was also noted that his renal function has been slightly deteriorated over the years. His creatinine in 2001 was 70. It is now 130. Please note that he had a kidney stone one year ago, which spontaneous passed out. I understand that he is on Tenofovir and Indinavir, which could contribute to renal impairment.

After discussing with your Registrar we are unsure of the cause of his worsening muscle aches and pains. Therefore, I would be most grateful if you could kindly see Mr Ward in your outpatient clinic and advise us of the best way to manage his symptoms. Much appreciated.

Yours sincerely

**GRO-C**

Dr Allison TSO

Senior Clinical Fellow to Professor C A Lee

Cc: Mr M. Ward

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