

## HISTORY SHEET

Hospital No.

M/F

Surname

Ward

M/S/W

First Names

Mark

D. of B.

DATE

CLINICAL NOTES (Each entry must be signed)

17/7/98:

First noticed conjunctival injection  
 Saturday → then noticed swelling  
 (R) side of face.  
 Then nignone x 3/7 - now resolved.

Swelling } gone  
 Pain }

but c/o "foggy vision" + pupil not  
 quite right.

%: Conjunctival injection.  
 7.R.O.M.

findi: In undilated pupil -  
 no evidence of CMV Retinitis

Pupils

(R) > (L)

(R) pupil sluggish to response  
 sympathetic response ? gone

Plan: needs urgent ophthalmology  
review -- have kindly agreed to  
see in H+E -

Check fBC

U+E's

TPHA/VDRL

Viral load

↓

If ophthalmology happy then have  
training here Monday

Pending outcome - ? Treatment  
? admit

↓

GRO-C

Sleep

GRO-C

Patient is on ethambutol - to be  
discontinued until Monday and

GRO-C

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



Royal Free Hospital

HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

Director: Professor Christine A Lee MA MD DSc (Med) FRCP FRCPath

Consultant: Dr K John Pasi MB PhD FRCP MRCPath FRCPath

Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath

Tele No: 0171 794 0500

Bleep **GRO-C**

Fax No: 0171 830 2178

KM/KB/919375

21 July 1998

Dr D Kirby  
The Surgery  
Nevills Road  
Letchworth  
Herts SG6 4TS

Dear Dr Kirby

Re: **Mark WARD DoB** **GRO-C** **69**

**GRO-C**

**Birmingham**

**GRO-C**

I reviewed Mark on 17.07.98. At that time his complaint was one of a recent eye infection on the right. He maintains that a week prior to his review this was swollen and weepy with a swollen cheek on this side. Although the swelling and pain subsequently reduced he was left with a feeling of blurred vision in this eye and he himself had noticed some pupil dilation on that side. At the time of review my concerns were centred mainly around his continued rifabutin and ethambutol which can both cause an anterior uveitis, and ethambutol can also cause an optic neuritis.

Our ophthalmology colleagues have kindly reviewed him for us and believe that this is an anterior uveitis only with no evidence of CMV retinitis, and are treating him with Maxidex (steroid eye drops) and cyclopentolate to keep the pupil on this side fully dilated at all times. In the interim I have discontinued his ethambutol and plan to review him in the near future. I have discussed him with our HIV team who feel that we should substitute ciprofloxacin for his ethambutol, but should his anterior uveitis continue and we are considering stopping his rifabutin that he should be admitted for a five day course of amikacin prior to his maintenance on double therapy. I plan to see him in the near future to review the above.

Yours sincerely

**GRO-C**

Dr Karen Murphy  
Specialist Registrar in Haematology