ione & Telegrama: MBRIDGE (0223) 45151 Ext. 7125

Director: DR. D. G. CHALMERS REGIONAL HAEMOPHILIA CENTRE DEPARTMENT OF HAEMATOLOGY ADDENBROOKE'S HOSPITAL HILLS ROAD, CAMBRIDGE CB2 2QQ

17th December, 1982

c.c. Dr. M. Edwards, The pswich Hospital.

Dr. Knight, Hatfield Road Surgery, Ipswich, Suffolk.

Dear Dr. Knight,

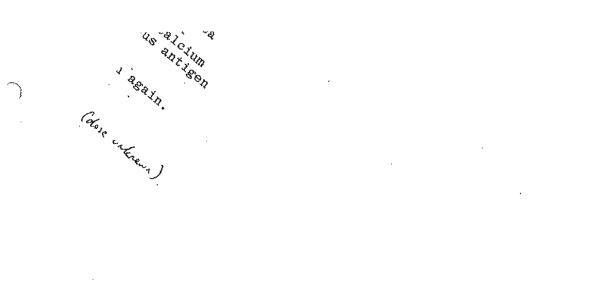
and the	Re Alan BURGESS, d.o.b. G	GRO-C 58 .
St. 186 1999	GRO-C	
	Admitted : 10.12.82.	
	Discharged : 14.12.82	
	Diagnosis : Left calf h	
	secondary to mild haemoph	ilia.
	Drugs on discharge : NII	1

This 24 year old man, known to this Department to have mind haemophilia, was admitted on the above date. His problems had begun about 5 days previously, when he had sustained a blow over the left tibia whilst playing football. This was initially treated with a compression bandage, but no specific anti-haemophiliac treatment was given. The calf subsequently began to swell, and 48 hours after injury he was given some cryoprecipitate. He was evidently given instructions to rest this limb and it gradually began to improve, although on the day prior to admission there had been some deterioration with further swelling of the affected calf and he was therefore transferred to Addenbrooke's.

In the past he has had Factor VIII cover for dental extractions \ in 1976, and an episode of left shoulder stiffness responding to cryoprecipitate 2 years later. There has been no other problems. GRO-C

GRO-C GRO-C And drinks about 2 pints a week but never spirits. He gave no symptoms of liver disease nor has he had any significant past infective illnesses.

On examination he appeared well. The most striking abnormality was the presence of an egg-sized lump overlying the mid left tibia on its medial aspect. The overlying skin was stretched, and there was quite marked tense swelling of the related calf muscles. This was sufficiently severe to prevent full dorsiflexion of the left ankle join and circumferences of this calf were 43½cm. compared with 41 on the



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2 \bigcirc Alan was given enough Factor VIII concentrate t actual levels up to greater than 50% for 48 hours an to bed, With this regime the tenseness in the calf. subsided and the dorsalis pedis pulse returned over few hours. He was subsequently gradually mobilised aid of our physiotherapist and at discharge was weig on the affected limb without too much difficulty. Investigations : Full blood count unremarkable admission 13.4) Factor VIII assay, pre-dose 0.25 uni and electrolytes all within the normal limits with ne glucose. Liver function tests all normal with normal and phosphate status. Screening for hepatitis B star was surface antigen and antibody negative. No formal arrangements have been made to see λ_{1} about A heurs volve. Ato cyoprecipitate Twis ¥ Yours sincerely, **GRO-C** Dr. Richard E. Clark, Registrar, Dept. Haematology.

REC/cmw

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