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REGIONAL HAEMOPHILIA CENTRE
DEPARTMENT OF HAEMATOLOGY
ADDENBROOKE'S HOSPITAL
HILLS ROAD, CAMBRIDGE CB2 2QQ

17th December, 1982

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

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

Dear Dr. Knight,

Re Alan BURGESS, d.o.b. [GRO-C] 58.

[GRO-C]

Admitted : 10.12.82.
Discharged : 14.12.82
Diagnosis : Left calf haematoma
secondary to mild haemophilia.
Drugs on discharge : NIL

This 24 year old man, known to this Department to have mild 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-haemophilic 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]

He is a non-smoker 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 joint and circumferences of this calf were 43½ cm. compared with 41 on the day of admission we were unable to feel his

calcium
us antigen
again.

(close unknown)

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Alan was given enough Factor VIII concentrate to actual levels up to greater than 50% for 48 hours and to bed. With this regime the tenseness in the calf subsided and the dorsalis pedis pulse returned over a few hours. He was subsequently gradually mobilised with aid of our physiotherapist and at discharge was weight bearing on the affected limb without too much difficulty.

Investigations : Full blood count unremarkable (admission 13.4) Factor VIII assay, pre-dose 0.25 units and electrolytes all within the normal limits with normal glucose. Liver function tests all normal with normal and phosphate status. Screening for hepatitis B surface antigen and antibody negative.

No formal arrangements have been made to see Alan.

* This value about 4 hours after cryoprecipitate

Yours sincerely,

GRO-C

Dr. Richard E. Clark,
Registrar, Dept. Haematology.