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EASTERN HEALTH & SOCIAL SERVICES BOARD
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Copy

Department of Haematology

3 January 1992

Chief Medical Adviser
Norwich Union Life Insurance Society
P O Box 103
Surrey Street
Norwich NR1 3BR

re: Mr Alan Richard Lowry
GRO-A
D o b GRO-A 55.

Dear Doctor

Mr Lowry is a GRO-A GRO-A suffer from mild haemophilia. It is considered that mild haemophilia is a disorder and not an illness; although it has a lifelong nature, haemophilia's variable severity can be misleading to the uninitiated. Severely affected haemophilics have many problems on a week-by-sweek basis. Mildly affected patients with over 10% of normal factor VIII in their blood only have excessive bleeding problems in response to accidental or surgical trauma.

Your client, Mr Lowry's problems have almost exclusively been related to varying degrees of post-dental extraction bleeding. He first consulted with me in 1969 when he had excessive bleeding following dental extraction. At that time he was treated successfully with locally prepared single donor factor VIII termed "Cryoprecipitate". That hospital admission lasted from 23 April to 10 May 1969.

During 1970 and 1972 he had two episodes of treatment following trauma to his right shoulder joint. The treatment was prompt and he now has full range of movement of all joints and has no lasting sequalae of either of these admissions. He required no further treatment for five years but did require further dental extraction in July 1977. On this occasion there was little complication and the patient was discharged within six days of admission.

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In August of last year he required wisdom tooth extraction and only had minimal delayed post-extraction bleeding. For this he was treated with increased purity factor VIII termed "Z8", manufactured in Scotland from Northern Ireland-donated plasma.

Any patient who has received blood products was exposed to the possibility of contracting HIV infection during the 1980s. However, Mr Lowry received no treatment during that period but has been routinely tested for any possible infection. All his tests have been negative and he has no other risk factors for this virus infection. At the present time Mr Lowry is clinically fit, healthy and well and has maintained his employment without any sick leave. From time he has had mildly elevated liver enzymes. This again is characteristic of such patients who have received blood products during the 1970s. His most recent liver function test results are as follows:

Gamma GT	86U/1	(normal range 7 - 46)
AST	80U/L	(" " 10 - 40)
ALT	71U/1	(" " 8 - 35)

In haemophilia terminology, these are not regarded as being significant unless they are more than two-and-a-half times the upper limit of normal.

In keeping with all such patients, his general health and liver function tests will continue to be tested on a six-monthly to annual basis. I consider him to be a fit and healthy mildly affected haemophilic who is fully employed and participates regularly in sporting activity.

I have discussed the content of this letter with Mr Lowry and he is happy that it should be forwarded to you.

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As it was unnecessary to see the patient as he had a routine review in November, I do not require a fee for this report.

Yours faithfully

GRO-C

E E Mayne MD FRCP FRCPath
Consultant Haematologist/
Director
NI Regional Haemophilia Centre

/ap