

HAEMOPHILIA CENTRE
Wards 2 & 3

Co-Directors:
Prof G D O Lowe
Dr I D Walker

Sister I McDougall
Clinical Assitant Dr E M Kirke

Dr **GRO-B**

GRO-B

GLASGOW

GRO-B

GRO-C

AJM/EH/ **GRO-**

Dr **GRO-B**

Dictated 4.11.96.
Typed 1.12.96.

Re: **GRO-B**

GRO-B

GRO-B

D.O.B. **GRO-B** 164

GRO-B

GLASGOW

Diagnoses:

- 1) Hepatitis C
- 2) Haemophilia

smA f.

Mr **GRO-B** attended the joint Haemophilia/Hepatitis C Clinic this afternoon. I understand that he learned he was Hepatitis C earlier this year. He is entirely asymptomatic with no primary liver symptoms. He is not unduly fatigued and works 12 hour shifts on a regular basis. His general health he regards as excellent. He has recently had his daughters and wife tested and all were found to be negative for hepatitis C.

He works on a production line. His alcohol intake has increased recently, perhaps related to his Hepatitis C diagnosis. He estimates a half bottle of spirits and some beer at weekends. He has two daughter aged 14 and 10 years.

Previous medical history is of mild haemophilia only.

Examination at the clinic revealed a well looking man who was obviously rather anxious with no evidence of jaundice, clubbing or lymphadenopathy. He had no cutaneous stigmata of chronic liver disease. There were tattoos on his left hand. Abdominal examination was normal.

At the clinic I have had detailed discussion with Mr **GRO-B** and his wife about the diagnosis of Hepatitis C, its prognosis and therapies including side-effects associated with these. We have agreed that he will have a doppler ultrasound of his liver and also a recent pre Interferon screening bloods.

He will return to the clinic in one month. Meantime he has been given an information booklet which will hopefully answer more of his questions.

Yours sincerely

Morris
Consultant Physician & Gastroenterologist