

Consultants

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Department of Haematology

18 October 1985

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Dr. S. J. Machin, Middlesex Hospital

*He, the patient, has made an excellent recovery from his fracture and has maintained excellent physiotherapy, etc. and I feel he is incapable of accepting the knowledge of a positive test until later this year.*

*I would be grateful if you could let me know, at your convenience, if you can look after **GRO-A** next month.*

*With many thanks,*

*Yours sincerely*

*E. E. Mayne  
Consultant Haematologist/  
Director,  
N.I. Haemophilia Centre*

/ap

## Department of Haematology

18 October 1985

Dr. S. J. Machin  
Haematology Department  
Middlesex Hospital  
Mortimer Street  
London W1N 8AA

re:

GRO-A

GRO-A

D.o.b. GRO-A 71.

Blood Group A Rhesus positive

Dear Dr. Machin

The above moderately severe haemophilic, with a high responding inhibitor, will be in London during the month of November on an educational holiday. He attends a school in Belfast for physically handicapped children. One of the teachers is taking a party of children to London for a week to visit museums, etc. I would be very grateful if you could carry out the appropriate management for GRO-A should any bleeding accident occur.

In January of this year he suffered a traumatic fracture of the mid shaft of his femur. He had received no human factor VIII for some three years prior to this date, therefore for haemostasis to correct the fracture, he was given (H.T.) human factor VIII in large doses. This produced no shortening of his APTT nor rise in factor VIII C level, therefore he was changed to porcine factor VIII, which achieved excellent haemostasis for the following 12 days. However, on the 12th day he suffered a severe hypersensitivity reaction to his porcine, despite the batch number being the same. This was followed by a rise in porcine antibody to greater than 60 Bethesda units. His human antibody rose to 140 Bethesda units, therefore subsequent bleeding episodes have been treated with NHS factor IX with good haemostatic effect. I will be happy to send factor IX with him, should you wish it.

The most significant problem with GRO-A is the fact that the human material given in January produced seroconversion on 10 July 1985 with a positive HTLVIII result confirmed. I have not told the patient this result, nor his family, at the present time; the reasons are due to the precarious family base of the patient. I would be worried that the parents might do even less for their son should they know of this result at this time.

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