

Witness Name: Gideon Bullock

Statement No: WITN1731001

Exhibit: WITN1731002 - 06

Dated: 19 October 2021

INFECTED BLOOD INQUIRY

EXHIBIT WITN1731003

WESTMINSTER

HOSPITAL

DR GAZZARD

CONSULTANT

GRO-C

ERSKINE

HOSPITAL No.

MR KENNETH BULLOCK

Ward DR P CAMERON

Name Mr.
Mrs.
Miss

GRO-C 36

General Practitioner THE GREEN

Date of birth

Address PIRBRIGHT SURREY

Occupation

11.10.83

Address

GRO-C

Date of Admission

15.10.83

Date of Discharge

Previous Admissions	Diagnosis	Index Codings
	Haemophilia. Non A Non B Hepatitis. Liver biopsy	
	Operation	
	P.M. No.	

ABSTRACT
This 47 year-old Civil Engineer is a haemophiliac. He had abnormal liver function tests and was negative hepatitis A and B and in view with his exposure to blood products a diagnosis of non A, non B hepatitis was made. Liver biopsy on 22.2.83 had showed an acute hepatitis, he had continued to feel lethargic, and had been treated with steroids. His symptoms had not improved and he was therefore re-admitted for a further biopsy.

On examination it was noted that he had spider naevi on his face, he was not jaundiced or anaemic, examination of the cardiovascular and respiratory system was normal and in the abdominal system the liver was just palpable below the right costal margin. The CNS was normal.

Investigations:- Haemoglobin was 15.6 with an MCV of 93.9, white count of 8.5, normal platelet count, prothrombin ratio in 1.0, KCCT was 64 secs with a control of 38 secs and factor VIIIc showed 15% activity. Urea and electrolytes, calcium phosphate and protein were normal, liver function tests showed an alkaline phosphatase of 127, ALT of 118 and AST of 68. A liver biopsy was performed and the sample showed little change from the previous specimen, though there was marked fatty change which was thought to be due to the steroids, though alcohol could be considered in the differential diagnosis. There was also some expansion of the portal tracts with increasing fibrous tissue and chronic inflammatory cells as well as bridging fibrosis. He will be reviewed in clinic.

Yours

GRO-C

J M GULLYMAN MB MRCP
Medical Registrar to Dr Gazzard

23 days

11-10-83

WESTMINSTER HOSPITAL

CONSULTANT: Dr.GAZZARD.

Hospital No. GRO-C

GRO-C 36.

Mr.Kenneth Bullock.

GRO-C

WARD:ERSKINE.

G.P.Dr.Cameron,
The Green,
Pirbright,
Surrey. Contacted,11.10.83.

Date of admission:15.10.83.

DIAGNOSIS.

Haemophilia. NonA NonB Hepatitis. Liver Biopsy.

This 47 year old Civil Engineer is a haemophiliac.He had abnormal liver function tests and was negative for Hepatitis A and B and in view of this with his exposure to blood products a diagnosis of NonA NonB type Hepatitis was made.

Liver biopsy on 22.2.83 had showed an acute hepatitis,he has continued to feel lethargic,and has been treated with steroids.His symptoms had not improved and he was therefore re-admitted for a further biopsy.

On examination it was noted he had spider naevi on his face,he was not jaundiced or anaemic,examination of the cardiovascular and respiratory system was normal and in the abdominal system the liver was just palpable below the right costal margin.the CNS was normal.

INVESTIGATIONS:Haemoglobin was 15.6 with an MCV of 93.9,white count of 8.5,normal platelet count,prothombin ratio is 1.0,KCCT was 64secs with a control of 38secs and factor V111c showed 15% activity.Urea and electrolytes,calcium phosphate and protein were normal,liver function tests showed an alkaline phosphatase of 127,ALT of 118 and AST of 68.

A liver biopsy was performed and the sample showed little change from the previous specimen,though there was a marked fatty change which was thought to be caused by steroids,though alcohol could be considered in the differential diagnosis.There was also some expansion of the portal tracts with increasing fibrous tissue and chronic inflammatory cells as well as bridging fibrosis.He will be reviewed in clini.

J.M.Goldman MB MRCP Medical Registrar to Dr.Gazzard. Copied verbatim for clarity.