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GRO-B

Dear Dr GRO-B

RE:- GRO-B DoB GRO-B 59
GRO-B

Thank you for referring this patient. I note that she is a haemophilia gene carrier with Factor VIII levels varying between 20 and 35 of normal. She has had several bleeding episodes since the age of 3 and first started to use Factor VIII concentrates in 1976. She had a bleeding duodenal ulcer treated in 1980 and suffered acute type B hepatitis followed by clearance of hepatitis B surface antigen in 1983. In 1984 and in April 1985, her transaminases were mildly abnormal. The rest of the liver function tests were normal. I gather that she has been vaccinated to hepatitis B virus surface antigen. She is presently asymptomatic, but has complained of periods of scleral icterus. These have never been confirmed by either a physician or by biochemistry. She gets some sharp pains in the right hypochondrium. Her past history includes episodes of recurrent back pain. Social history reveals that she works as a geriatric nurse and is about to marry in June of next year. She takes occasional antacids. She takes very little alcohol and does not smoke.

On clinical examination, the cardiovascular and respiratory systems were normal. In the abdomen, the liver and spleen were not palpably enlarged.

I agree that this lady has chronic non-A/non-B hepatitis. This has presumably been transmitted from Factor VIII concentrates. At the present time, I am sure she has only mild hepatitis and I would suspect that her prognosis is good. There is no contra-indication to pregnancy and I have reassured her on this score. She will however, get distal problems with her back, and I have warned her of this. At the present time, we do not know whether the virus will be transmitted to the neonate. The amount of non-A/non-B virus in the blood is much lower than with the hepatitis B virus and for this reason the level of infectivity to the infant should be lower. I have not mentioned this aspect of the problem to her.

Because of her problem with a bleeding duodenal ulceration in the past, I would suggest that she does take Cimetidine. Ideally, I

suggest that she takes long-term Cimetidine at night, but I gather she is reluctant to do this and a reasonable alternative might be to provide her with Cimetidine that she can take on demand when she gets dyspepsia.

Yours sincerely

H C THOMAS PhD MRCPath FRCP(Lond) FRCP(Glas)
PROFESSOR OF MEDICINE