UNIVERSITY DEPARTMENT OF MEDICINE FAX: 071 431 4581

GMD/SKB/ GRO-B

19 September 1991

Dr Eleanor Goldman
Associate Specialist
Royal Free Hospital

Dear Eleanor

GRO-B (née GRO-B ) dob: GRO-B 59
GRO-B Kent GRO-B

Thank you for referring GRO-B , who has been cared by you for a long time and is well known to you. She is has haemophilia A and is a community nurse. In 1982 she received Factor VIII during spinal surgery and some six months later apparently developed symptoms of hepatitis. She apparently became HBsAg positive and at the time appeared to clear this. More recently she has been noticed to have fluctuating levels of transaminases and to have had chronic hepatitis. She has had other bleeding problems after recurrent epistaxis and also a bleeding duodenal ulcer. She has been immunised against hepatitis B, but I note that this has not resulted in an antibody. She has also had laser therapy to the cervix.

In 1984 and 1985, her transaminases were mildly abnormal but they have recently been more elevated. She does not have excess amounts of alcohol. She had a bleeding duodenal ulcer treated in 1982.

On examination she was a charming woman. Her blood pressure was 130/80. There was no clubbing, cyanosis, jaundice, pallor or oedema. On examination of the abdomen there was no hepatosplenomegaly..

Recently investigations have shown that on 26.3.91 an ALT of 123, gamma GT 16, alkaline phosphatase 106, total bilirubin 6, albumin 46. On 26.3.91 she was anti-HCV positive, HBsAg negative, anti-core positive, anti-HBs negative.

ASSESSMENT

Mrs GRO-B appears to have chronic hepatitis C based on her raised transaminases and her antibody to hepatitis C virus. She is anti-core positive alone and has not mounted an immune response to hepatitis B, which could mean that she is a low level carrier with HBsAg levels below the level of detection of the immunoassay, as the pattern is a somewhat unusual one for recovery from hepatitis B. She has raised transaminases and it is not easy to assess what, if any damage has been done to the liver because of the haemophilia. I suspect, however, that she has chronic hepatitis and has not developed cirrhosis.

We discussed at length the issue of her own condition and that of her becoming pregnancy. As regard to her own condition, I suggest that we measure HCV RNA. If she is viraemic, we could offer her alpha interferon or ribavirin. I have told her that both these tablets are associated with approximately 50% response rate. Unfortunately many patients who initially respond to alpha interferon will relapse later and there is no guarantee or predictor who will respond and who will relapse. It may be that she will have to make a choice in the matter with regard to treatment and I have told her that I could not guarantee a response but it may be worth trying treatment if RNA is positive. I have also suggested that her husband is tested for antibody to hepatitis C and have liver function tests, but I suspect that he will not be positive.

Recently it has been suggested that there may be peri-natal transmission of hepatitis C. In some cases children who have not mounted an antibody response are nonetheless positive for HCV RNA. I think this is more a problem in highly viraemic individuals and we do not know the outcome for such children. Again, this is something that will have to be discussed in the future and the first decision will be whether or not she should have treatment and subsequently whether she should get pregnant if treatment fails to eradiate HCV RNA. She is a very level headed person and I hope she will be able to think these matters through. However, I have said to her that I would see her in approximately a month's time when the HCV RNA test is back to further discuss the next step.

Thank you for referring this patient.

Yours sincerely

G M Dusheiko FCP (SA) FRCP
Reader in Medicine/Honorary Consultant

cc GRO-B
GRO-B Kent