

Department of General Medicine

General Hospitals

NHS Trust

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Clinic: 12 February 2003
Typed: 24 February 2003

Dr D C Gleeson
Consultant Hepatologist
Royal Hallamshire Hospital
Glossop Road
Sheffield

Dear Dr Gleeson

GRO-C

Barbara Lowe - GRO-A 46

GRO-A

I would be grateful if you could assess this pleasant lady for consideration of trans-jugular liver biopsy. She was referred to me by Dr Prasad, Consultant Physician in Acute Medicine, for evaluation of deranged LFT (ALT 62, gamma GT 79, alkaline phosphatase 372 and AST 48 in late December). This was thrown to light because of her consultation with her GP due to progressive fatigue over the past two years, so much so that she had to go off sick from her part time cleaning job. She has also developed arthralgia mainly involving the hands and diffuse oedema of both hands over the past six months. Her energy levels have deteriorated further since a fully treated episode of pneumonia in June last year.

Her past medical history is significant for stroke which affected her right limbs and speech. She soon recovered completely but left her memory significantly impaired. Following the stroke episode at a young age, she was investigated and found to have mitral valve disease (negative history of rheumatic fever and was given a mitral valve prosthesis and she has been on adequately controlled long term Warfarin since then.

She drinks no alcohol but smokes around 10 cigarettes per day. She has delivered three healthy children. Systematic query for negative for alopecia, skin lesions, mouth ulcers, chest, cardiac or other GI symptoms. Apart from late onset diabetes in her mother, there is no family or personal history of other auto immune problems. Her only medication is Warfarin, apart from Co-Codamol prn for joint pains. In particular, she is not on any long term hepatotoxic medications, she has no known allergies.

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Physical examination revealed a well looking lady with significant memory problems (her doctor was there to fill in the gaps and to reinforce the information discussed later). There was no stigmata of chronic liver disease and there are no signs of liver failure. Apart from sternotomy scar and prosthetic click and murmur. Examination of the chest and abdomen showed no other significant abnormalities.

Further investigations done at Rotherham showed positive ANA ++, smooth muscle antibody +++, negative Hepatitis B and C serology, raised immunoglobulin IgG 21.4 with normal IgE (2.4) and IgM (0.9). Total protein was 75, albumin was 33, there was polyclonal increase in the gamma globulins consistent with chronic immune response.

Abdominal ultrasound was unremarkable.

Despite the border line elevation of liver enzymes I think that this lady has got auto immune hepatitis with significant and limiting symptoms in the form of fatigue and arthralgia. In view of her long term Warfarin therapy and my reluctance to change this in view of her disabling stroke in the past, I wonder whether it is a better option to consider trans-jugular biopsy. I am interested to know your views and will benefit from your expert advise. I have informed the lady that you might directly send for her to attend the Royal Hallamshire Hospital and the doctor is only too willing to accompany her to help with the consultation and subsequent management.

I have re-checked her LFT along with full blood count and coeliac screen and I will append the results of the same at the end of this letter.

Many thanks again for your help.

Kind regards.

Yours sincerely

GRO-C

Dr P Basumani
Consultant Physician and Gastroenterologist

cc: Dr M K D Prasad, Consultant Physician in Acute Medicine
cc: Dr T B Venkatraman, 171 Bawtry Road, Brinsworth, Rotherham
cc: Dr Muthusamy, Consultant Cardiologist, RDGH