

BASINGSTOKE AND NORTH HAMPSHIRE HEALTH AUTHORITY

Director:

Dr. A. ARONSTAM, D.M., F.R.C.Path.

TRELOAR HAEMOPHILIA CENTRE

Lord Mayor Treloar College

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AA/SAC

19th March 1984

Dr. S.E. Barnes,
Consultant Paediatrician,
Odstock Hospital,
SALISBURY,
Wiltshire.
SP2 8BJ.

Dear Dr. Barnes,

re

GRO-A

1 BATHAM ROAD, FORDINGBRIDGE.

I saw GRO-A for review today. He is generally in good shape, but I am afraid the elbow is not better (range of movement 35-147) and it is easy to palpate a thickened synovium.

I am sure that the correct approach is a course of effective prophylaxis. I think the only guidelines to the correct regime are to titrate the results against the dose. If there is breakthrough bleeding, then it is necessary to increase the dose and/or frequency of infusion. On his present regime it appears that the major problems occur on Sundays and certainly in my own experience I have found an alternate day regime preferable to a fixed three times weekly schedule.

If we can achieve a bleed free period for some months, then the outlook will be much brighter. I would like to stress, however, that physiotherapy in our experience is a vital adjunct to such a scheme. If appropriate physiotherapy is not instituted then I cannot see us recovering the normal elbow movement. I can quite understand that a physiotherapist who does not deal with haemophilia will be worried. Can I suggest that you contact someone in your physiotherapy department and ask them to either contact Mrs. Lovering at this Centre or even better, could she come down and be shown?

I note your comment about factor VIII preparations affecting 'T' cells. This is a very worrying problem for all of us in haemophilia care. At present the general view is that while the disease is horrific, the numerical risk of it is nevertheless very small and should not deflect us from the appropriate treatment. Naturally we are all reviewing the situation constantly.

Best wishes,
Yours sincerely,

GRO-C

A.Aronstam
Consultant Haematologist.