Medical Report on GRO-A (JKP 35)

by

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DRAFT

GRO-A was born on the GRO-A 1981 and was referred by Ormskirk Hospital to Dr. John Martin, Consultant Paediatrician at Alder Hay Children's Hospital, Liverpool. He was tested on the 22nd May 1992 for haemophilia because of a family history of this disorder. His factor VIII level was 5% normal and factor VIII related antigen 94% normal. He was therefore diagnosed as having moderate haemophilia A. He is blood group B rhesus positive.

In November 1982 he presented with a history of trauma to his face and on examination was found to have bruising on the right side of his face. The cause of the trauma is not specified. He was treated with two bottles of factor VIII concentrate. Three weeks later, because of persistent bruising over his jaw which had become more extensive, he was given a further bottle of factor VIII concentrate.

On Christmas day he presented with a laceration to the little finger of his left hand of unspecified cause and was given one bottle of factor VIII concentrate.

In March 1983 he bled from a small laceration on the right side of his tongue and received two bottles of factor VIII concentrate plus FACA. In April he was given two bottles of factor VIII concentrate (xerox copy of details of the bleed illegible). In June he presented with a right frontal haematoma following hitting his head on a door post. He was given two bottles of factor VIII concentrate. In July a laceration to his lip was treated with two bottles of factor VIII concentrate given into a

scalp vein.

There are no further entries in his case notes until 21st November 1985 when he was reviewed and found to have a chesty cough which had been present for approximately four weeks. He also complained of discomfort on passing urine. The case notes indicate that he has had no recent bleeding episodes. On examination he had moderate generalised lymphadenopathy and balanitis. A chest x-ray revealed some advanced changes at the right base. He was treated with Septrin.

The case notes then go on to describe in some detail from 1986 onwards recurrent bilateral otitis media. This caused recurrent difficulties and required minor surgery.

Factor VIII Therapy

There are no transfusion record sheets. I have assumed that all the concentrate he received was of commercial origin.

Opinion

1. The patient has haemophilia A and his bleeds are entirely typical for an individual with a basal level of factor VIII of 5% normal in that they were all post traumatic.

2. As small children with this degree of severity of haemophilia only bleed infrequently treatment should ideally have been with cryoprecipitate. Although this is lightly harder to give than factor VIII concentrate it was still the treatment of choice, and used by many Centres. If it was not available, as Dr. John Martin maintains, then he should have been treated with NHS factor VIII concentrate.

3. To justify the use of commercial factor VIII concentrate for this child it will be necessary for Dr. Martin to demonstrate that despite requesting cryoprecipitate from the Regional Transfusion Centre they refused to provide it. He will also have to demonstrate that there was no way in which he could reserve NHS factor VIII concentrate for the treatment of patients who only bled occasionally. Although Dr. Martin maintains that treatment policy was directed by the Royal Liverpool Hospital this does not accord with the statement of Dr. McVerry. I think Dr. Martin has to justify his treatment policy as an independant physician.

4. The case notes record that other siblings had suffered non accidental injury. I wonder if there is any possibility that the facial haematoma of November 1982 and the laceration of the finger in the following month could have been NAI's as no explanation is given in the case notes as to how the injuries arose.

5. It would be useful to know whether Dr. Martin's staff considered using DDAVP to treat the laceration to the finger

in December 1982, the cut on his tongue in March 1983 and the laceration on his lip in July 1983. It is possible that DDAVP plus EACA or cyclokapron might have stopped the bleeding.

6. The child was found to be anti-HTLVIII positive on a sample collected in August 1985. It seems most likely that his infection was acquired from factor VIII concentrate therapy used to treat his bleeding episodes. There would appear to be an error in the Statement of Claim, paragraph 7, which states that he was HIV negative in December 1988.