

Department of Pathology,
Royal Victoria Hospital,
Shelley Road,
Bournemouth.

20th January, 1976.

Dear Dr. *Kirk*

Anti-Mitochondrial Antibodies

Re

GRO-A

This patient has been found to have antibodies against mitochondria. We are trying to establish the significance of this finding and we would be grateful if you would answer the following questionnaire.

- 1) Does your patient have established primary biliary cirrhosis?
(If so please give evidence)

NO.

- 2) Are there any features suggesting primary biliary cirrhosis?
(Itching, jaundice or raised alkaline phosphatase)

NO - except raised alkaline phosphatase.

- 3) Does your patient have any other liver disease?

POSSIBLY - PLEASE SEE BELOW

- 4) Does your patient have thyroid disease?

NO

- 5) What other diagnosis has been established in your patient?

SEVERE HAEMOPHILIA (Factor VIII level <1%)

- 6) Comments: He had an icteric illness in Jan. 1976 when his LFTs were:
Bilirubin 7.4 (5-17) Alk. phos. 520 (25-92) SGOT reaching 810 (3-40) 5 Nucleotidase 19.4 (0-17.5)
He is negative for HBsAg and HBsAb by IEP and H.A. His blood picture suggested glandular fever, but EB-virus studies were negative as was examination of his urine for CMV and E.M. of faeces for virus particles.

GRO-C

T.J. HAMBLIN

Consultant Pathologist

Presumptive diagnosis therefore: non-B hepatitis probably associated with the transfusion of KRYODEN.
(He is not our only case of non-B hepatitis of short incubation after receiving concentrates.)

JWC-J.

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