Witness Name: RACHEL CLAIRE SHARLAND

Statement No: WITN3408001

Exhibits: WITN3408002 to WITN3408032

Dated: September 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN3408015

Ysbyty Athrofaol Cymru
Y Mynydd Bychan
Caerdydd
CF4 4XW
Ffon: 0222 755944 Est:

Haematology Department
University Hospital of Wales
Heath Park
Cardiff.
CF4 4XW
Tel: 0222 755944 Ext. GRO-C

SOUTH GLAMORGAN HEALTH AUTHORITY
AWDURDOD IECHYD DE MORGANNWG

Eich Cyf. / Your Ref.

Ein Cyf. / Our Ref.

ALB/KO/A0319126

21st December, 1983
(Clinic 15.12.83)

Mr. Stephen Richards,
Consultant ENT Surgeon,
U.H.W.

Dear Stephen,

Re: Kevin SLATER - d.o.b. GRO-C 63
GRO-C

You may remember seeing Kevin a couple of years ago. He is the 20 year old youth with severe haemophilia who had some sinus wash-outs two or three years ago. Unfortunately since then and during the last nine months, Kevin has had some rather more serious troubles. He presented in March with severe oropharangeal and oesophageal candidiasis and had severe dysphagia and had lost a stone in weight. It became clear that his cell mediated immunity was quite severely impaired and he had a severe lymphopenia with a reduction of T_H lymphocytes. Although his candidiasis cleared up with oral Ketaconazole, he subsequently developed other opportunist infections, including severe herpes which necessitated treatment with Acyclovir and more recently an acute pneumonia which was clinically typical of pneumocystis carinae pneumonia. This responded to treatment with Septrin.

In summary therefore, Kevin is a severe haemophiliac who almost certainly has the acquired immune deficiency syndrome and has suffered from a number of opportunist infections over the past nine months.

He is currently on continuous prophylactic treatment with Ketaconazole 200 mg b.d., Septrin, two tablets b.d., Ferrous Sulphate 200 mg b.d., and Folinic Acid 15 mg b.d. The iron is to treat an iron deficiency anaemia and the Folinic Acid because of possible toxic effects from the Septrin on the haemopoietic system. His main trouble is that he has a persistent dry cough and his nose is usually blocked. The X ray of the sinuses showed quite marked changes with thickening of the mucosa and I wonder if his cough is now originating in his sinuses by perhaps a post-nasal drip. Clearly with the added complication of the acquired immune deficiency syndrome, operative or invasive treatment would be most undesirable and of course his blood should be treated as infective.

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but I would greatly value your opinion as to the contribution of his sinuses to his cough and any treatments that could be advised. Perhaps you could send him an appointment for your clinic in the near future.

Many thanks for your help.

With all best wishes.

Yours sincerely,

GRO-C

A.L. BLOOM.
Professor