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Department of Haematology

15th April 1992

Dr McCrea
220 Knock Road
BELFAST 5 6QD

Dear Dr McCrea

Re; Mr Richard Lowry
GRO-C
BELFAST

You will know that the above mildly affecting haemophiliac has been attending me regularly for a number of years. GRO-C

GRO-C Their Factor VIII level is 10% of normal and they only have excessive bleeding problems in response to accidental or surgical trauma.

Richard's problems over the years have almost exclusively been related to varying degrees of post dental extraction bleeding. I first saw him in 1969 when he was treated with locally prepared Factor VIII namely Cryoprecipitate. During 1970 and 1972 he had two episodes of treatment following trauma to his right shoulder joint. He had no lasting sequelae following either of these admissions. He required no further treatment until July 1977 again he had some bleeding complication and required to be in hospital for six days. In August of last year he required wisdom teeth extracted and this time he had only minimal post extraction bleeding. At this time he was treated with increased purity Factor VIII treatment "Z 8" manufactured in Scotland from Northern Ireland and Scottish plasma.

Any patient who received blood products has been exposed to the possibility of contracting viral infections during 1980's. This was particularly related to HIV infections. However Mr Lowry received no treatment during that period and all his tests are negative. However he has had elevation of his liver enzymes for a number of years. This is related most likely to infections with Hepatitis C virus. His results vary between two and three times the normal range of values.

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Mr Richard Lowry

His liver and spleen are both palpable but he is otherwise well. Hepatitis C is an unknown quantity to some degree, between 80 and 90% of treated Haemophiliacs are known to be positive, all are clinically well. From liver biopsy specimens obtained in some centres it would appear that a small percentage of patients may ultimately develop cirrhosis or chronic active hepatitis. Thus it has been shown that Alpha Interferon can convert enzymes into the normal range, also patients say that they get a feeling of well being. Therefore after consultation with Mr Lowry I have decided to offer him Interferon treatment subcutaneously self - administered three times weekly for a period of six months. The most recent results indicate that his AST was 116 units/l and his ALT 99 units /l. Occasionally in the past he has had a slight elevation of his bilirubin. His haemoglobin, white cell count, differential film etc are all normal. He has a platelet count of 110,000 /ul, the latter being related to a degree of hypersplenism.

I apologise for the length of this letter but thought you might like to have the background details. He will be kept under review during the next year.

Yours sincerely

GRO-C

E E Mayne
Consultant Haematologist

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