Witness Name: RACHEL CLAIRE SHARLAND

Statement No: WITN3408001

Exhibits: WITN3408002 to WITN3408032

Dated: September 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN3408024

Haematology Department

3290

CL/KO/A0319120

9th July, 1985

Dr. H. Busby,
2 Caernaryon Crescent,
Llanyravon,
Cwmbran.

Dear Dr. Busby,

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

Admitted: 6.6.85 Died: 23.6.85

Cause of death: Acquired immunodeficiency syndrome

History:

This 22 year old haemophiliac was admitted at his own request to A7 at U.H.W. on the 6th June. As you will be well aware he had a history of severe haemophilia for which he had received trade concentrates and by this means had become infected with the HTLVIII virus. His complaint on admission on this occasion was of persistent urinary dribbling. He had persistent cough and gross generalised weakness which was getting worse.

His dribbling urinary incontinence had been present for two weeks and was also associated with some urethral discharge. He denied dysuria or haematuria and claimed that he was rarely passing any substantial volume of urine. Despite his incontinence he had no excoriated areas. He claimed that he felt his bladder to be full. As regards his cough, it was a persistent dry cough present all the time. He was generally weak and had become unable to hold even a glass of milk for himself and his parents had to feed him.

Drugs on admission:

Imunovir 1 g t.i.d., Ketoconazole 1 tablet b.d.,Augmentin 1 t.i.d., Nystatin mouth wash.

Examination:

He appeared grossly emaciated. His pressure areas were red but intact. Examination of his cardiovascular and respiratory system revealed nil of note. Examination of his abdomen and mouth, oral candidiasis ++

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no petechiae. Examination of abdomen, no spleen and there was no palpable bladder. C.N.S. showed gross wasting and weakness. His cardiac response was upgoing.

Management:

In view of the fact that he did not appear to have a palpable bladder, it appeared that his symptoms were either related to an urinary tract infection or a neurogenic bladder related to neurological involvement by the HTLVIII virus. In view of the fact that the former possibility was treatable we put him on a different antibiotic Cephradine and also gave him a trial of Suramin which has been reported of having some beneficial effects in the treatment of HTLVIII virus. Despite all these measures he continued to have dribbling incontinence, although did notice some improvement. Whilst an Inpatient he gradually developed pain in his back, probably related to his pressure areas and this was initially treated with soluble Paracetamol. Unfortunately he developed a bleed in his shoulder on the 19th June and required Factor VIII treatment.

Over the next few days his condition gradually deteriorated. His speech became incoherant and he was experiencing some pain. In view of the fact that he was not taking oral fluids he required intravenous fluids with analgesia in the form of Diamorphine. He gradually became unconscious and died on the 23rd June. In view of the nature of his disease, the death was reported to the coroner, but obviously no post mortem was performed.

Yours sincerely,

C. LUSH
Registrar in Haematology