

ANONYMOUS

Witness Name

GRO-B

Statement No: WITN18890001

Exhibits: WITN1889002 – WITN1889014

Dated: 29.11.2018

EXHIBIT WITN1889012

INFECTED BLOOD INQUIRY

ANONYMOUS

Medicine & Elderly Care Directorate
Dr B D Linaker's Secretary
Direct Line: [GRO-C]
Fax No: 01925 662042

Our Ref: [GRO-B]

26 February 2002

Dr E M Johnson
Medical Adviser in Adoption & Fostering
Child and Family Services
Child Health Unit
Guardian House
Guardian Street
Warrington

Dear Dr Johnson

Re: [GRO-B]

Thank you for your letter on the 18th February about the above man who has requested to become a foster carer with [GRO-B]. He originally came under my care in 1991 when he appeared to be drinking too much but his symptoms resolved with cutting down his alcohol intake. He had an active micronodular cirrhosis at that time on biopsy and a repeat biopsy carried out in 1995 showed an established cirrhosis with mild fatty changes. The original micronodular cirrhosis was thought to be the cause of previous heavy alcohol consumption. On review in May last year, he was asymptomatic and liver function tests showed minimal abnormalities with a slightly elevated ALT of 39 and a Gamma GT of 78. The remainder of his liver function tests were normal. His alpha feta protein was slightly elevated at 14.

On examination at that time, he looked old for his years but there were no stigma of chronic liver disease and no hepatosplenomegaly. I think that if he significantly reduced his alcohol intake then the prognosis of his cirrhosis must be quite reasonable.

Yours sincerely

Dr B D Linaker
Consultant Gastroenterologist