

Witness Name: Ingrid Western

Statement No.: WITN2062001

Exhibits: WITN2062002-

WITN2062024

Dated: 14 August 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN2062010

**VIRAL HEPATITIS STUDY GROUP
UNIVERSITY DEPARTMENT OF MEDICINE**

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8th October 1999

Clinic: 23rd September 1999

Dr David Patch
Medical Unit
Academic Medicine

Dear David

Re: Ingrid WESTERN dob: GRO-C

GRO-C

- Diagnosis:**
1. Chronic hepatitis C
 2. Thrombocytopenia and Splenomegaly suggestive of portal hypertension
 3. Hodgkin's disease in remission, following bone marrow transplantation
 4. Premature ovarian failure secondary to chemotherapy
 5. HCV genotype 1A

I reviewed this 38 year old woman in our clinic today and would value your advice concerning further investigation. She developed hepatitis C genotype 1A in the 1980's following blood transfusions, as part of chemotherapy for Hodgkin's disease which is in remission. Her liver biopsies in 1992 and 1995 were said to be similar and the one in 1995 was reported as showing 'developing cirrhosis'. She has since remained HCV RNA positive by PCR with raised transaminases. She is persistently thrombocytopenic at around 60. Her recent abdominal ultrasound showed hepatomegaly, splenomegaly and possible portal hypertension.

Examination today revealed no sign of portal hypertension

Blood tests today showed haemoglobin 12.9, MCV 105, white count 5.1, platelets 56, urea 5.9, potassium 4.2, sodium 139, creatinine 77, bilirubin 11, AST 105, ALT 172, alpha fetoprotein is awaited but I noted was elevated at 95 in January of this year. Recent clotting is unavailable from this visit.

It was my feeling that it would be important to delineate the extent of her liver disease at this stage and wondered whether the 'One Stop Liver Shop' including a T1 biopsy, wedge pressures, CO topography and endoscopy would be appropriate. I have repeated her liver ultrasound including doppler and she will obviously require further imaging if her alpha fetoprotein has risen further. I have also repeated her iron studies as she had marked iron overload in the early 1990's, a cause for which was not clearly found. If she is significantly iron overloaded we may well consider venesection as an agent to anti viral therapy. She has

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Re: Ingrid WESTERN dot GRO-C 60

previously not responded to a three month course of interferon and ribavirin. However, as she has genotype 1A this is not altogether surprising. If she would tolerate the therapy we might well consider a full 12 month course of interferon and ribavirin. However, even on the basis of her biopsy 7 years ago, she was clearly on the brink of cirrhosis. It seems likely that she will require a consideration of liver transplantation within the next five years.

Thank you for your advice concerning further investigation.

With kind regards,

Yours sincerely

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Research Fellow to Professor Dusheiko

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