

ANONYMOUS

Witness Name: **GRO-B**

Statement No: WITN1718001

Exhibits: WITN1718002 - 007

Dated: MARCH 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN1718005

ANONYMOUS

GLASGOW → EDI

UNIVERSITY OF GLASGOW

HAEMOPHILIA AND
THROMBOSIS UNIT

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GDOL/EF/

10 January 1989

Dr C Ludlam
Haemophilia Centre Director
Dept of Haematology
Edinburgh Royal Infirmary
EDINBURGH

GRO-B

Dr A Brewer
Dental Unit
GRI

Dear Christopher

GRO-B

RE: GRO-B

I would be very grateful if you could take over the management of this severe haemophiliac who has recently moved into your area. His temporary address is in GRO-B although he apparently hopes to move closer to GRO-B soon. His baseline factor VIII level is 1% and he has no history of factor VIII inhibitor but was last screened in 1986. He came up to the GRO-B area from GRO-B in 1980 where he had been started on home treatment for recurrent haemarthrosis particularly in the knees and we have continued home treatment with factor VIII concentrate although he has not been the best of attenders at the Haemophilia Clinic. His treatment here has been exclusively with Edinburgh factor VIII concentrate until July 1988 at which time we ran out completely of Edinburgh factor VIII concentrate and he was issued with a batch of prophylate as home treatment. He came here on 5 January 1989 for some further home treatment at which time I was away from Glasgow and was given a supply of Edinburgh factor VIII concentrate. Unfortunately he did not return his record of useage of the prophylate. He informed us then that he had moved to GRO-B. He has been quite a heavy user of factor VIII. In 1981 he used 98000 units, in 1982 79000 units, in 1983 108000 units, in 1984 98000 units, in 1985 93000 units, in 1986 99000 units, in 1987 75000 units. However in 1988 he seemed to have used much less, approximately 30000 units.

PROFILATE

Profilate

He has chronic arthritis in the right shoulder, both knees especially the right, both elbows and both ankles and he has recurrent bleeds into all these sites, especially the right knee and left ankle. In 1981 we considered surgery to the right knee in view of his marked arthritis. However Mr GRO-B was rather unhappy about this and we settled with conservative management with physiotherapy and a splint to wear at night as well as nonsteroidal anti-inflammatories in view of some synovitis. He has found that taking about 600 units of factor VIII twice weekly has been

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additional treatments ~~are~~ required when he gets bleeds.

Since he came to the unit Mr. **GRO-B** full blood count and differential have been normal as well as his platelet count and blood urea and electrolytes. However he has had persistently elevated serum transaminases usually in the 100's as well as increased levels of total globulins, IgG and gamma GT. His most recent results from July 1988 showed AST 70 u/l, ALT 177 u/l, gamma GT 39 u/l and IgG 20 g/l with normal bilirubin, alkaline phosphatase and albumin. He has always been hepatitis B surface antigen negative in Glasgow and in July 1988 had anti HBS levels of 118 iu/l showing immunity to hepatitis B. He was HIV antibody negative in 1985, 1986 and 1987 but was not tested in 1988. In 1985 he had no hepatosplenomegaly and a liver and spleen scan showed normal liver size with homogenous distribution and spleen at the upper limit of normal size. However in 1988 he developed a palpable liver and a repeat liver scan in July 1988 showed a small liver with minor non-homogeneity of tracer uptake and the spleen at the upper limit of normal size; the appearances suggesting parenchymal liver disease. It therefore seems possible that he has chronic non A non B hepatitis. He is testotol and still has a 2 fingerbreadth palpable liver but no other clinical evidence of cirrhosis.

Mr. **GRO-B** is married and lives with his wife and 2 daughters and knows that both daughters are obligate carriers. They are fairly young and we have not checked their factor VIII levels. He was seen by our Dentist, Mr. Brewer in July 1988 and requires a single filling but due to difficulties in the Dental Department this has not yet been performed. He has had a variety of jobs and in July reported that he was working as a computer analyst but I am not sure what he is doing in the Edinburgh area. If you require any further information I would be pleased to supply it. Thank you for taking him over.

Kind regards,

Yours sincerely

GRO-C

G D O LOWE
CONSULTANT PHYSICIAN