



ROYAL HOSPITAL FOR SICK CHILDREN



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HAEMATOLOGY DEPARTMENT

10 January 1989

Dr Gordon Lowe
Consultant Physician
Royal Infirmary
GLASGOW

GRO-C

Dear Gordon

re **GRO-B**

DoB **GRO-74** HN **GRO-B**

Tel. No. ex-directory.

GRO-B

GRO-B is now fourteen and a half years of age and both physically and emotionally ready for transfer to the adult unit. He is a severely affected haemophiliac with a Factor VIII level of one per cent. There is a family history. His maternal uncle, **GRO-B**, died some time ago. **GRO-B** is on home therapy, injections being given as required for bleeding episodes. He self injects. He is Hepatitis surface antigen negative and anti HbS positive. However, Dr Follett suggested that he be rechecked in May of 1989. **GRO-B** is also HIV antibody negative.

His most recent liver function tests on 4 November 1988 showed elevation of AST 179 units per litre with an ALP of 54 units per litre. His liver function tests have been slightly elevated in the past, for example, in September 1984 his AST was 75 and his ALT 81. His most recent blood count on 5 November 1988 showed a haemoglobin of 14 g/dl, a total white count of $8.1 \times 10^9/l$, a platelet count of $303 \times 10^9/l$ and neutrophil count of $4.5 \times 10^9/l$.

GRO-B was referred to Dr Willoughby from the Neonatal Unit of the Royal Maternity Hospital. He was born by LUSCS and at 2 days old he developed bleeding into the scalp. Factor VIII assay at the Royal Maternity was found to be less than one per cent. Dr Willoughby registered him at that time with Dr Forbes.

GRO-B was admitted to Yorkhill on 21 September 1975 with a haematoma of his left shoulder for which he was given cryoprecipitate. He was readmitted on 10 December 1975 with scrotal haematoma and was again treated with cryoprecipitate. He required treatment on several other occasions during 1975 and 1976, and in April of 1976 he

presented with a swelling of his right ankle, and in May of that year with a possible haemarthrosis of his right shoulder. He was also admitted in February 1976 with a haemarthrosis of his right knee. He also required treatment on several occasions during 1976 for haemarthrosis of his right and his left knee and in fact was admitted in July 1976 with a haemarthrosis of his left knee. In February 1977 he was admitted with a haemarthrosis of his right ankle and he required admission again in February for a haemarthrosis of his left shoulder. In July 1979 home therapy training was commenced in Day Bed Area. Home therapy training was completed in September 1979 and **GRO-B** was commenced on a prophylactic regime of 15 units per kg, twice weekly. His mother coped well with home therapy but he did have some intercurrent bleeding episodes, particularly of his ankles. When he was examined by Mr Bennett in 1984 he could find no radiological or clinical evidence of haemophilic arthropathy.

GRO-B was admitted to the surgical ward in June 1985 with abdominal pain. Appendicectomy was carried out under Factor VIII cover without any complications, although he did develop haemarthrosis of his elbow in the convalescent period.

In February 1986 **GRO-B** was trained to perform his own injections and has been successfully doing this since that time.

I myself saw him in August 1986 after he had had 2 fainting episodes. These occurred at church. There were no significant neurological findings on examination and there has been no recurrence of these fainting episodes which I thought were related to anxiety prior to starting secondary school.

GRO-B's other problem has been ^{with} ingrown toenails. He was admitted in February 1988 for wedge excision of his left big toenail which was successfully carried out under Factor VIII cover. Unfortunately, his problem recurred and he was admitted in August 1988 for bilateral wedge excision of both toenails. Unfortunately, post-operatively he developed pain in the mandible and it was thought that he had developed a small haematoma following anaesthesia. Unfortunately, there was also some post-operative bleeding from the left toenail bed and he required treatment daily as an Out Patient with

Factor VIII for approximately one week. **GRO-B** was last seen at the Haemophilia Clinic on 28 October 1988. His home therapy regime had been changed from prophylaxis to demand therapy in August 1988. He had had problems with recurrent haematoma of his left thigh. On examination he was noted to have some inflammation of the right big toenail bed, but no other significant findings. He was seen by the physiotherapist who found good range of movement at his joints. He was also seen by the Dentist.

GRO-B attends **GRO-B** where he copes well with the academic work. His mother has tended in the past to severely restrict his activities, but there has been gradual improvement over the last 3 years and he does now have slightly more freedom. He himself is a very pleasant young man and I would be very grateful if he could be transferred to your Unit. I believe that Sister Murphy has already brought **GRO-B** up to see the Unit and he will be expecting an appointment to see you at some time in the future. Kind regards.

Yours sincerely

GRO-C

A Pettigrew
Clinical Assistant

cc Dr

GRO-B