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30 November 1993

Doctor in Charge
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Royal Free Hospital
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Dear Doctor

Courtney HILDYARD born GRO-C 42
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I should be grateful if you would offer an appointment to this 51 year old in order to assess the degree of liver disease he has following his hepatitis C infection. Mr Hildyard is a registered haemophiliac and has been followed-up most of his life at the Royal Victoria Infirmary at Newcastle-upon-Tyne. In June 1983 Mr Hildyard had a bleed into his left knee following an injury and ~~required treatment with cryoprecipitate.~~ Three weeks after discharge he developed jaundice which at that stage was diagnosed as non-A, non-B hepatitis. I enclose a copy of the letter which refers to this episode.

Mr Hildyard came to see me recently and I felt it was appropriate to see if he has hepatitis C antibodies. These are indeed positive and I have been advised that the titre indicates possible active liver disease. His LFTs on 2 occasions were normal except for gamma GT which is elevated despite his minimal alcohol intake. I wonder if this indicates active liver disease. Mr Hildyard has consciously reduced his alcohol intake over the last couple of years or so as he noticed he was not feeling well after drinking even if alcohol was not taken in excess.

Mr Hildyard is well informed about the possible risk of sexual transmission, chronic active hepatitis and the use of Interferon as treatment. As far as his haemophilia is concerned, he has not needed cryoprecipitate for a number of years and on latest testing he had an adequate amount of factor 8. He avoids any contact sports but bleeds excessively when cut and does get frequent nose bleeds.

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In 1993 he was seen by a Cardiologist because of palpitations and a 24 hour tape showed occasional ventricular monomorphic premature beats. He has been advised to take Aspirin which he has not done due to his haemophilia, and I think this is not unreasonable.

Otherwise Mr Hildyard is in good health.

Thank you for seeing him.

Yours sincerely

Anna Skalikova MRCP

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