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HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

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REF: EG/JS/223262

2 August 1991

Dr. J. Riddell

GRO-C

Dear Dr. Riddell,

RE: Nicholas Ryness HIRSCH. DOB: 24/4/76.  
GRO-C

Nicholas was seen in the Haemophilia Centre on the 24th of July for general review. The family reported that Nicholas appeared to have lost his inertia, was generally less lazy and, as a result, they were just "one big happy family". Mr. and Mrs. Hirsch and GRO-C accompanied Nicholas to his review.

We discussed HIV in relation to treatment as well as sexual transmission. Most haemophiliacs treated with concentrate in the past have been infected with the Hepatitis C virus. Mr. and Mrs. Hirsch had been separately to discuss Hepatitis C since Nicholas is now known to be anti-HCV positive. They discussed the prognosis and implications of the test in some detail in May and made it clear that they did not wish the subject raised at the time of the review.

Nicholas tends to bleed approximately once a week into miscellaneous sites with no target joints. Most bleeds respond to one dose of factor VIII. He had suffered a bleed into his left wrist on the morning of the review following a minor injury and treated himself before coming up here. He had no problems with venous access and was able to treat himself most of the time. His general health had been good.

On examination he weighed 48.6 kg with a height of 174 cm. His height remains steady on the 75th percentile but his weight declined from the 25th to the 10th percentile. He was noted to have a very prominent larynx (his father has the same anatomical feature and says it was his biggest problem when young). His blood pressure was 110/60; pulse 68 regular. His skin was pale and pasty with a great deal of acne. His mouth was healthy. There was no lymphadenopathy. There were no abnormalities on examination of chest and abdomen and all joints had a full range of movement.

Dr. J. Riddell  
Nicholas Hirsch

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Results of blood tests were as follows:

Serum iron	28 $\mu\text{mol/l}$
TIBC	54 $\mu\text{mol/l}$
% Saturation	39
Serum ferritin	54 $\mu\text{mol/l}$
Haemoglobin	14.1 grams/decilitre
MCV	85 fl
MCH	29.2 pg
White Cell Count	$4.8 \times 10^9/\text{litre}$
Platelets	$211 \times 10^9/\text{litre}$
HIV antibody	Negative
HBS antigen	Negative
HBS antibody	> 100 international units
HCV antibody	Positive
CD4 lymphocyte	Absolute Count - $0.84 \times 10^9/\text{litre}$
TSH	5.2 mU/l
Free thyroxin	17 pmol/l
ALT	51 u/l

He appears to have replenished his iron stores. I suggest that he stops taking iron therapy and has repeat blood tests in three months. At the same time, we will repeat his T3T4 TSH and thyroid antibodies.

Nicholas, who has had an enormous growth spurt in the past year, tends to have late nights and eats a rather poor diet. This may account for his iron deficiency, but we will continue to follow him closely. There is no explanation at present for the slightly higher TSH. The thyroid function tests and the thyroid antibody tests will be repeated when he returns in three months.

Yours sincerely,

GRO-C

Dr. Eleanor Goldman  
Associate Specialist