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CAL/MJ/11005166

25 June 1997

Dr Anna Skalicka
Elizabeth Avenue Group Practice
2 Elizabeth Avenue
London
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Dear Dr Skalicka

Courtney HILDYARD GRO-C 42
GRO-C London GRO-C

I saw this man at your request, on 11th June. He is aged 54 and currently, is not working. He was trained as a biochemist but was previously working in advertising up until the autumn of 1993.

He was originally diagnosed by Dr Peter Jones in Newcastle and was told that he had factor VIII deficiency, although there was some question about von Willebrand's disease. He says that he had a circumcision as a baby that resulted in bleeding. He had epistaxis. He was treated with blood as a child and treated with cryo in the 1970s when a hydrocele was removed. He says he was treated with factor VIII concentrate in the late 1970s and Dr Peter Jones suggested he was infected in 1983 when treated for a damaged knee. He was jaundiced in 1983. He has been vaccinated against hepatitis B.

He says he has been in London on and off since 1972 and he was tested for hepatitis C in 1993 by his general practitioner because of a general investigation of tiredness. He saw Professor Dusheiko in November 1993 and was treated with interferon between August 1994 and January 1995 with no response, using a dose of 3m units three times weekly. He had the side-effects of hair loss, raised blood pressure, nausea, palpitations and light sensitivity - this is a history from him. He last saw Professor Dusheiko in November 1993 and was reviewed thereafter, every three months by a research fellow. His main problem at the present time is that he has extreme tiredness. The HCV quantitation on 14th April 1997 was 9.3×10^5 , which is fairly high.

- 2 -

Courtney Hildyard

In the family, he has no children and is now London based.

I sent off a number of investigations when I saw him on 11th June, in particular, to establish his baseline in order to issue a 'Green Card', his HCV quantitation and genotype and his liver function test. The results of the coagulation tests have shown that he has a VIII:C of 99 u/dl, vWFAg of 146 u/dl and vWFAC of 144 u/dl, the normal range of all these investigations being 50-150. This is a slightly unusual finding in that he has previously been labelled as having mild haemophilia A. It is of course possible for people with chronic hepatitis to have an increased level of their factor VIII but this seems quite a high response in the circumstances. I note that his liver function tests on 11th June showed an albumin of 46, bilirubin of 7, AFT of 59 and ALT of 79, the normal ranges for the latter being 5-40. Thus, he just has marginally raised transaminases. This man's major problem at the present time is that he claims he cannot work because of extreme tiredness. I will get him reviewed in Professor Dusheiko's joint Liver Clinic with us and I will also write to Dr Peter Jones in Newcastle for further information about his bleeding disorder.

Yours sincerely

GRO-C

Christine A Lee

Enc

cc Dr Peter Jones