

25 FEB 1977 Mr. Adam Lewis OPD

Wt 83.300 kg

X 18 @ Under 100 g
(2) Hemoglobin.

Well.

No symptoms

OK 5 in ✓

— D —

GRO-C

8 JUL 1977

Mr. Adam Lewis

of Jaundice, anorexia.

81.500 kg ^{3 wks ago} - inhaled cellulose paint fumes
later that day - SOB + feeling v. tired.
- throat felt tight.

1 wk later - on holiday. (food v. fatty.)
- started getting indigestion. - 2 hrs after meals.
- feeling of fullness, sl. nauseated. (3-4 days)
Shivering bouts at night.
Also - cough - wakes him up.

After 3 days - vomited x1 watery fluid.
- relieved discomfort.

2 days later - anorexic.
- became jaundiced.
- Pale stools - floating
- Urine dark.

Now.

Not so jaundiced.
Appetite good, but afraid to eat :: indigestion
Indigestion - not as severe.

Stools not as pale, still float. °blood. BOR °diarrhoea.
Urine v. dark still.

Eating low fat diet + fluids ++.

Sharp pain in (B) Hypochondrium on coughing + stretching.
'like pi-prick'. (Also - similar pain (C) loin. + 1)

°Heartburn.

°Sore mouth

°diff swallow.

°further vomiting.

nauseated after coughing - lasts v. short time.

St. wt loss - 2K.

SE still feeling tired. Sleeping well. °

CRS

SOB - 0/2. - up hills. Does not stop him. °PND.

Cough - better at night - sleeping propped up.

- °sputum now - v. little at first.

°chest pain.

°ankle swelling.

UGS. °problems - °nocturia.
°dysuria.

CNS. °Headaches.

°T.F.B.

°epigastric ✓

°parasthesia.

Gait ✓
Speech ✓

Drugs none.

0/2. Jaundiced, otherwise fit-looking man.

°clubbing.

°cyanosis.

°white nails.

°flap

°lymphadenopathy

CRS

P. 98 reg. BP. 135/85

Thyroid NAD.

JVP not ↑.

AB. not felt.

HS. I+II + 0.

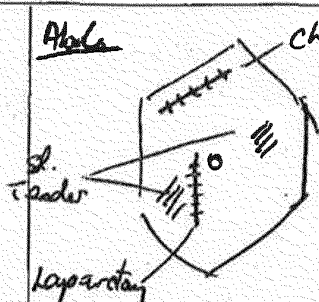
RS Expansion good R=L

Trachea central

Air entry all over

PV Resonant.

BS. vesicular. Exp. wheezes. (C) Apex. Anteriorly.



cholecystectomy Jan 77.

Soft. ° masses.

° LKK. Spleen just palp.

HO R ✓ L - ° femoral leg.

P.R. Sphincter tone good.

° masses. ° tenderness. Right ~~abdomen~~ stool on glove.CNS

Grossly normal.

Summary -

57 years old motor engineer who was found to have Haemophilia in 1971. Cholecystectomy Jan 77 for stones.

Jaundiced for 2 weeks preceded by indigestion & nausea. Generally feeling tired, but no pain.

No contact with jaundiced person. Cellulose paint previously used just over wk before jaundiced.

Apyrexial. Minimal tenderness o/e. nil else.

Δx

Obstructive jaundice - ? biliary stricture
? stone.

? hepatocellular - toxic.

? ~~ca~~

8.7.77

° Jaundice J.

ant

Also

P.R.

Cxr

LFTS

Wb.

Also.

Prob. related stone

GRO-C

18.7.77 Admitted Harewood ward for mgt of Trauma

LFT's — prob. hepatomegaly.

S/B Dr Rhodes. inhalts of paint likely cause

✓ LFT's. (rept.)

✓ HB Ag Abx

✓ Hb 13.6

✓ WBC 5.4

✓ ESR 26

✓ platelets 210,000

✓ Retic 2%

USE

Contents of Paint.

Nitro-cellulose

Synthetic resin

Alkyd resin

Hydrocarbons

Alcohol. ? Esters

Pigment.

Valentines Ltd.

Mr Renshings 814 3263.

25.7.77

Persistent heavy jaundice.

Urine continues dark.

Stools getting darker.

Blood for clotting studies taken. Lev.
platelets

Minimal purpura under scratched areas.

26.7.77

ISQ. Transfer to medical ward. ? today Lev.

R.F.H. CONSULTATION SHEET

Hospital Number

Surname

GRO-A

First Names

D. of B.

57 yrs

Sex

Under Care of Mr Lewis

Ward Hapgood

Date 19/7/77

M/S/W

Clinical Notes and investigations:

Mr GRO-A had a cholecystectomy on 17.1.77 by laser. He is also haemophilic. Since his operation he has become deeply jaundiced. This is being investigated. Mr Lewis would be grateful if you saw him with a view to doing ERCP. Thankyou for seeing him. Ps. Cholecystectomy in conjunction with prof Kaplan. I will be taking blood for Factor Factor 8 levels 20.7.77 am since it is advisable to see that he is stabilised before the procedure. The haemophilia dept would like to know if he is to undergo the procedure.

Dr./Mr. Jewell is requested by Dr./Mr. Stabby to see the above patient, and to give his opinion regarding * treatment/prognosis/diagnosis

Thankyou

He gives a story of inhaling a can of paint to go while taking to a car paint - garage.

The following day he had a bad cough, 3rd day retrosternal discomfort,

4th jaundice (concurrent with retrosternal discomfort), pale stools, dark urine/ 10th day - diarrhoea started + continued for 4 - no pain. Since then he has had intermittent vomiting and anorexia.

He thinks the jaundice is now fading and the stool darkening.

OE An o by J++ (Hb) No stigmata of (H) AS

* delete as appropriate

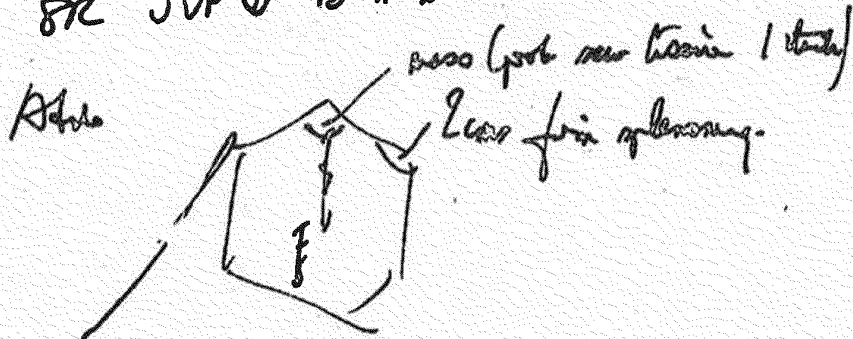
Will consultant, if he thinks fit, undertake the further care of this case?

Signed

House Physician/Surgeon

Chart done
2/5

8/2 JVP ↓ AS A D



Liver small on percussion.

4/ His LFT's, story and physical signs all suggest a hepatic illness that he is now getting over.

It seems most likely that this is due to the paint inhalation but with transfusion hepatitis (Hep B or non-A, non-B) a less likely possibility.

A biopsy would be nice but is not essential to the management and should be avoided in view of the haemophilia.

I would suggest - ① Careful monitoring of LFT's / Clotting profile / Platelets with correction if necessary w. Vit K.

② Check HBs Ag + Ab

③ Check lung function including DCO

④ ECG

He should be kept rested as much as possible but encouraged to eat well and keep well hydrated.

I will bring Dr Jewell to see him tomorrow.

GRO-C