

**HAEMOPHILIA CENTRE & THROMBOSIS UNIT**

Tel: +44 (0) 207 830 2088 Fax: +44 (0) 207 472 6759

Director: Professor Edward Tuddenham

Dr Pratima Chowdhary, Dr Alex Galt, Dr Keith Gomez, Dr Mary Mathias, Dr Thynn Thynn Yee

Our ref: PC/DICT GRO-A

Clinic Date: 12/05/2009

Date: 14/05/2009

**RAPID REFERRAL**

Consultant Surgeon  
Royal National Throat, Nose  
& Ear Hospital  
330 Gray's Inn Road  
WC1X 8DA

Dear Doctor

Re : GRO-A DOB: GRO-A/1940  
GRO-A London: GRO-A

I would be very grateful if this patient can be seen in your clinic as he complains of increasing difficulty in swallowing. I understand he has been investigated in the past although I am unclear of the conclusion. He also mentions of roughness in the throat which tends to be worse in the morning and occasionally with spasms. I believe barium swallows have been done or have been recommended and a suggestion of severe reflux oesophagitis has been mentioned. Currently this is having a severe impact on his quality of life preventing him from sleeping and also socialising as he is worried the cough can be misconstrued as a swine flu.

I am very grateful for your input in the further management of this patient. He also mentions that he sleeps on an average only about three hours for the last six to seven years because of these symptoms.

Yours sincerely

Dr P. Chowdhary  
Consultant Haematologist

cc:

Dr Shina  
67 Plender Street  
London  
NW1 0LB

DEPARTMENT OF OTOLARYNGOLOGY  
HEAD AND NECK SURGERY

**Mr Hannan's Clinic**

Direct line: GRO-C  
Departmental fax: 020 7830 2422  
New ENT appointments: 020 7915 1300 x GRO-C  
FUJ ENT appointments: 020 7794 0500 x GRO-C  
RFH Admissions: 020 7830 2446  
RNTNE Admissions: 020 7915 1440

AH/DICT: GRO-A

Clinic: 15/12/2010

Dr Shina  
67 Plender Street  
London NW1 0LB

Dear Dr Shina

GRO-A - DOB: GRO-A 1940  
GRO-A London, GRO-A

I reviewed Mr GRO-A in clinic today in whom we performed microlaryngoscopy and biopsy regarding a persistent white patch over his right arytenoid. On review today, I am pleased to report to Mr GRO-A that histological analysis has confirmed only chronic inflammation, hyperkeratosis and reactive epithelial changes with no evidence of dysplasia or malignancy.

Mr GRO-A is delighted to hear this news. I have arranged to see him again in six months' time, when I shall perform indirect laryngoscopy with a disposable laryngeal mirror to check on his progress.

Yours sincerely

*Dictated & electronically authorised by*

**Mr S. Alam Hannan FRCS (ORL-HNS)**  
Consultant (Locum) in ENT

cc Mr GRO-A

**DEPARTMENT OF OTOLARYNGOLOGY  
HEAD AND NECK SURGERY**

**Mrs Bentley's Clinic**

Secretary:

Departmental Fax:

New ENT Appointments Department:

Follow Up ENT Appointments Department:

Royal Free Hospital Admissions:

Royal National Throat, Nose & Ear Hospital Admissions: 020 7915 1440

GRO-C

020 7830 2422

020 7915 1300 x1

020 7794 0500 x1

020 7830 2448

GRO-C

MB/cj/DICT GRO-A

Clinic: 07/12/2011

Date: 12/12/2011

Dr Pratima Chowdhary  
Consultant Haematologist  
Royal Free Hospital

Dear Dr Chowdhary

GRO-A

DOR: GRO-A 1940

GRO-A

London:

GRO-A

I wonder if you would be kind enough to see this very pleasant gentleman who has been under your care in the past. I saw him from an ENT perspective following a microlaryngoscopy and biopsy that he had in 2010 all of which have returned as being normal from a histological point of view. He has had some episodes of bleeding over the last six weeks. There is a lot of retching which is causing him to bring up some sputum mixed with blood, which he has not had for some time. He is also under the care of the Gastroenterologists with marked gastro-oesophageal reflux. He had a number of questions that he wanted to ask and some discussion about factor VIII, which was also discussed. I would like to keep an eye on him from a point of view from an ENT perspective, but I wonder if you would be kind enough to see him for consideration of treatment if he felt it appropriate.

Kind regards.

Yours sincerely

*dictated but not signed by*

**Mrs Melissa Bentley**

**Locum ENT Consultant**

*Patient information about all ENT conditions and operations: please visit [www.entuk.org/patient\\_info](http://www.entuk.org/patient_info)*

cc Dr Shina  
67 Plender Street  
London  
NW1 0LB

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GRO-C

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020 7915 1300 x1

020 7794 0500 x1

020 7830 2445

GRO-C

MB/cj/DICT: GRO-A

Clinic: 07/12/2011

Date: 12/12/2011

Dr Shina  
67 Plender Street  
London  
NW1 0LB

Dear Dr Shina

GRO-A

DOB: GRO-A 1940

GRO-A

London: GRO-A

I reviewed this very pleasant gentleman in clinic today who as you are aware had a microlaryngoscopy under our care in 2010 with a small area of possible concern, but the histology confirmed hyperkeratosis, only reactive epithelial changes, but no evidence of dysplasia or malignancy. He has been very well over the last year until approximately six weeks ago when he has had a gradual deterioration with regard to his throat. He describes a constant sensation of burning, discomfort and a raw feeling in his throat. He is still able to eat and drink. There is no choking or regurgitation. He has no dysphonia. He is well known to the Gastroenterology Team, but I was sorry to hear that recently he had an episode in clinic where he was slightly frustrated and as a result he decided that he would like to seek care else where. He has had a rethink with regard to this and the cost of private healthcare and would be keen to be seen by Dr Murray again, which I have agreed to try and arrange. He is currently taking Ranitidine 300 mg at night and Omeprazole 40 mg bd. He takes Gaviscon regularly and he does take Domperidone in addition. He had his last OGD four years ago.

On examination today, the oral cavity looked normal. He does still have tonsils, but they are normal in appearance. He has no cervical adenopathy. Examination of the nose confirms rhinitis. He has a small area anteriorly consistent with a recent bleed. He has a septal spur towards the left. He has rhinitis. There is no evidence of any polyps or masses. His postnasal space was clear. The larynx was normal with no evidence of any pathology and the vocal folds moved symmetrically. He does have some small amount of interarytenoid oedema, which is often seen in gastro-oesophageal reflux, which is all consistent with his history.

I have agreed to refer him back to Dr Murray. He is also keen to see Dr Chowdhary, Consultant Haematologist, as it has been some time with regard to his von Willebrand's and he has had some questions with regard to this, that I think it would be useful for him to be seen by her again. I will make these referrals today and I would like to see him myself in two months' time.

Yours sincerely

dictated but not signed by

Mrs Melissa Bentley

Lead ENT Consultant

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GRO-A