

## TREATMENT

SURNAME: Stewart FIRST NAMES: Angus SUR: Sur. DIAGNOSIS: ..... HAEMOPHILIA CENTRE

HOSPITAL NO. .... 20 MAR 1984

DATE	TIME	PLACE (HOME/OP/PT)	BY WHOM	REASON FOR INJECTION	DRUGS	INJECTION MATERIAL X bags/bottles	SERIAL/ BATCH NOS	UNITS/ BLOOD GROUP	VOLUME (mls)	EFFECTS/ COMMENTS
11.1.80	10.30 am	Centre	HL	Eye (2) (3) Corneal abrasion	IV pinton 10mg	BPL	HL 2644 x4	1040u. assayed free = 666	60mls	Flushed. pre: 48'! post: 73'! LFTs PT
28.2.80	9.15	Centre	HL PT, LFTs	Epistaxis HB 10g + 10g	IV pinton 10mg	BPL x 2	HL 2644	520u.	32mls	Flushed.
2/3/80	1300	Centre	HL	Epistaxis	IV pinton 10mg	BPL x 2	HL 2651 x2	450u.	30mls	
4/3/80		Centre	HL	Laceration to scalp. given very slowly	IV pinton 10mg	BPL x 2	HL 2657 x2	480u.	30mls	LFTs ok
17.3.80		Centre		Symptoms of Hepatitis. Urinalysis bile +						
4.6.80	11am	Centre	HL	Epistaxis		BPL x 2	HL 2666 x2	560u.	30	bloody
5/6/80	21.00	Centre	HL	Epistaxis		BPL x 2	HL 2719 x2	550u.	40	*
15/80	23.00	Centre	HL	(R) Knee Bleed (1)		BPL x 5	HL 2679	1250u.	75	*
16/10	11.20	Centre	HL	(R) Knee Bleed (2)		BPL x 6	HL 2706	1470u.	90	1

17.3.80. Past week or so:

Generally off colour eg:

More easily tired — sleeps in afternoon;

Off his food;

Intermittent nausea — (episode of vomiting after Scotch).

Intermittent epigastric ache;

Bowels: no change — hasn't noticed colour

Urine — 'stronger' — i.e. darker.

Drinking: usually only at weekends — has  
c. 10 Scotches on Sat. evening. Rarely  
drinks beer.

Smokes 40/day — no diminished need.

No itchy

No contacts with hepatitis.

Osce — liver doubtfully typical

No spleen. Mild epigastric tenderness

Wing Hepatitis due to BPL HL 2644 on 11/1/80.

To rest at home & come up for twice  
weekly tests

Full blood screen today

GRO-C

3.4.80

Urnalysis — Bile — faintly positive

LFTS taken  
P.M. Henderson.

DATE	CLINICAL NOTES (Each entry must be signed)
4/3/80	<p>Diagnosis: von Willebrand's disease. Factor VIII - 20%</p> <p>Main clinical problem - recurrent epistaxes requiring frequent treatment with cryo.</p> <p><u>TREATMENT:</u></p> <p>Cryo only until January 1980 when became allergic to it. BPL HL 2644 - 1st dose on 11/1/80.</p> <p><u>LIVER FUNCTION TESTS:</u></p> <p>Serum AST slightly elevated 1975 and 1978. Marked rise 28/2/80, approximately 6 weeks after first exposure to BPL.</p> <p>HB<sub>s</sub> Ab Positive 11/1/80 before treatment with BPL</p> <p><u>PLAN:</u></p> <p>Asymptomatic at present. To have weekly LFT's over next four weeks. Needs full screen.</p>
17/3/80	<p>For last seven days: generally off colour, easily tired, off his food, intermittent nausea with one episode of vomiting after whisky, intermittent epigastric ache, urine 'stronger' than usual. Liver doubtfully tipped on inspiration. No splenomegaly. Presume non-A non-B acute hepatitis. To rest at home and come up for twice weekly blood tests.</p>
11.12.81	<p>Flare up of symptoms around 23.11.81 ( anorexia, nausea, vomiting) about two weeks after dose of NHS concentrate (HL2854), his first dose for eight months. Symptoms accompanied by raised AST, which had fallen to normal by 1.12.81. Overall, this probably represents another attack of post-transfusion hepatitis, although LFTs never really normalised following his first attack in January 1981. Full blood workup in February/March 1981 was negative, and note HB<sub>s</sub> Ag/Ab still negative.</p> <p><u>PLAN:</u></p> <p>See before Christmas for review(PK) Will need repeat full blood screening including autoantibodies at that time. Probably should have LFTs checked at monthly intervals, with baseline Ba swallow and ultrasound. Although he 'doesn't like concentrate', there seems to be little alternative to carrying on with this because he has had bad reactions to cryo.</p> <p style="text-align: right;">Kernoff</p>

DATE

(Each entry must be signed)

17/10/83

1.30 pm. B.P. 130/94

16.00 R/P. 160/100

18/10/83

11.10 B/P 140/100

11.30 B/P 130/90

1.11.83

B/P 140/100

2 weeks ago - F.VIII Concentrate

12 units of blood : epistaxis

(Had NANB March 1980.)

Concentrate Feb. 1982, then none until Oct. 1983.

: infrequent.

Aches &amp; pains in joints since epistaxis

Pain in gut 3 days - like indigestion: worse on eating. No nausea. Very pale stools during past 2 weeks.

Has not noticed colour of urine.

Thinks he may have a temperature.

(- wants to come back tomorrow in a hurry!)

FBC

Blood CMV/EBV

WtE LFT

MBsAg NANB.

Need - 1) to arrange appt. w Dr Evans re BP. } tomorrow  
2) examine. } CAC

O/E BP 140/100.

° Jaundice. ° lymphadenopathy

Abd.

tender

soft.

Impression - ? NANB 2° to conc.

Management - After LFT returned phone patient.

Arrange appt. w Dr Evans re hypertension.

3.11.83

APt = 79 (1.11.83) Unfortunately last Apt June 83 " none taken 17/11/83 so it is conceivable that this represents a fluctuating course of NANB rather than new infection. To review in 2/52. Consult → Dr Evans.

GRO-C



## CONSULTATION SHEET

Hospital No. (GRO-C 38) 213147

Surname Stewart (senior)

First Names Angus

D. of B. GRO-C 38

GRO-C

London

GRO-C

Under Care of Dr. Tiddendenham

Ward Haemophilia Centre (outpatient)

Date 2.X.83

Dr./Mr. Evans

NVA Soon

Will you please see the above patient, and give your opinion regarding treatment/prognosis/diagnosis?

## Clinical Notes and investigations:

This patient has von Willebrand's disease (F.VIII 20%) and has recently required cautery for severe epistaxis. He has been noted to have a high BP on several

Occasions : 22.9.82 175/130 Q  
 17.10.83 130/90 - at time of severe haemorrhage for epistaxis.  
 18.10.83 140/100  
 1.11.83 140/100 Q

He now probably has a second episode of NANB hepatitis (previous episode in March 1980). He has had frequent epistaxis.

We would be grateful if you could see him as an outpatient & advise on his hypertension.

(could an appt. be sent directly to the patient?)

Signed GRO-C: Christine Lee

S.R. haemophilia centre

House Physician/Surgeon

Reply

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

Dr Evans (4)  
 THURS 15/12/83 - 1.15

Signed

5

## HISTORY SHEET (Continuation)

Hospital No.

Surname

First Names

Stewart  
Angus

DATE

(Each entry must be signed)

14-XI-83

Attended for FU.

Unwell last night - acute pain @ scapula region.

No radiation to arm.

Still generally unwell.

Ache in epigastrium.

Pale stools.

OE. BP 120/90

Jaundice.

Chest clear

Abd.

Tender.  
Worse on  
inspiratn.Impression - Probably 2nd attack NANB.AST ↑, but we have evidence there was  
a fluctuating level following NANB 1980.

Treatments have been: Dec 80

→ NANB Mar 80.

Jan, March, June, Dec. 81.

June 83 AST 43.

Feb 82

← May 82 AST 172.

17/10/83.

← 1/XI/83 AST 79

Management - 1) 2/52 FU to monitor AST & make sure  
not missing anything else.

2) To see Dr Evans re. BP on Dec 12.

Presume he will have ECG then -

? chest pain could have been cardiac  
in origin.

2.12.83

BP check 140/90

Hb, CFTs done

Name.....Angus STEWART.....

14.11.83

This patient received 10 batches of NHS factor VIII and 2 units of blood on 17th October 1983 following a very severe epistaxis. Two weeks later, on 1.11.83 he reported feeling very ill with symptoms similar to those he had experienced when he had an attack of non A non B hepatitis in March 1980.

He said he had had pain in his abdomen "like indigestion" but it was worse if he ate anything. He had very pale stools, he had not noticed any change in the colour of his urine but he thinks he may have had a temperature.

On examination: the BP was 140/100, he was not jaundiced and there was some tenderness over the liver area. The AST was 79.

In the absence of any other obvious cause for this symptomatology I think we must assume that he has had a further attack of non A non B hepatitis. Unfortunately, no baseline AST was taken at the time of his epistaxis and the last value we have is in June 1983 when it was almost normal. However, we know that since he had the hepatitis in 1980 his AST levels have shown a very fluctuating course and it is always conceivable that this present abnormal value is a reflection of that rather than due to a new episode of non A non B hepatitis, so I think we must keep an open mind and make careful follow-up to make sure we are not missing any other pathology. He is due to see Dr Evans on 12th December for control of his blood pressure.

C. LEE

## HISTORY SHEET

Hospital No.

21 31 47

Surname

First Names

Stewart

D. of B.

Angus.

M/F  
M/S/W

DR. EVANS

DATE

CLINICAL NOTES (Each entry must be signed)

15 DEC 1983

114.7 kg BP 1st Nov 1981.

unobtainable (45) No pres.

Stopped smoking 2 1/2 yrs ago  
Not too many problems = blood.

fed ✓

No LV.

N N<sup>th</sup> ✓

No ind ✓

138/20

No Bow

BP gen ↑ = blood

? true ↑ BP

check Nov 83.

W + E Nov.

MSU.

CXR

Please discharge back to  
Haemoglobin if possible at next  
attendance

GRO-C

8



Pond Street  
Hampstead  
London NW3 2QG

# The Royal Free Hospital

Telephone  
01-794 0500

RG/LAB/213147

3rd January, 1983

Dr Lee  
Senior Registrar  
Dept of Haemophilia  
R.F.H.

*Eleanor - thought  
you would be  
interested.*

Dear Dr Lee

Re: Angus Stewart

GRO-C

Thank you for referring this patient whom I saw in the absence of Dr Evans.

I gather that his B.P. was first commented on in 1981. Since that time, it has been noted to be a little elevated on occasions but he tells me that this is generally at the time or after a severe bleed. There is no family history of hypertension.

On examination today, his fundi were normal and in the CVS there was no left ventricular hypertrophy, the heart sounds were normal there was no radio-femoral delay and no bruits. B.P. 130/70mm.Hg. ECG shows normal sinus rhythm and recent U & E's done in your department are normal.

I am not at all convinced that he has sustained hypertension and before recommending long term treatment, I have asked him to have his B.P. measured on several occasions when he visits you, although not at times when he is actually bleeding. I will see him again in a few weeks time.

In the meantime I have checked his MSU and also arranged a chest x-ray. I will keep you informed of his progress.

Yours sincerely,

Robert Greenbaum  
Senior Cardiac Registrar

GRO-C

## Sickness Record Form

This form should be completed and returned with a completed Form C2 to Miss R.J.D. Spooner at Oxford Haemophilia Centre immediately a patient is suspected, on clinical or laboratory grounds, of having contracted hepatitis.

Name of Patient: Angus Stewart (Junior) d. of b.: GRO-C 38 Male/Female  
Case No.: 213147 Coagulation Defect: VWD moderate VIII 20

Type(s) of therapeutic material received during the 6 months prior to development of hepatitis: NMS F VIII conc Blood

Has the patient previously received treatment with large pool freeze-dried factor VIII or factor IX concentrate? Yes/No

Approximate date of onset of hepatitis: 30 X 83

Estimated incubation period: 12 days

Date of previous attack(s) of hepatitis: March 1980 (reported to Oxford)

Any other details:

Symptoms and Signs (delete as applicable)

Contact with Hepatitis within previous six months (tick or delete where applicable)

Asymptomatic Yes/No

No information ( ) No

Jaundice Yes/No

No contact ( ) No

Anorexia Yes/No

Contact with HB Ag-Case Yes/No

Arthralgia Yes/No

Carrier Yes/No

Rash Yes/No

Contact with hepatitis Yes/No

Nausea Yes/No

(unspecified)

Vomiting Yes/No

Type of Contact:

Tobacco aversion Yes/No

No information ( )

Abdominal pain Yes/No

Household not spouse ( )

Urine discoloured Yes/No

Spouse ( )

Pale stools Yes/No

Boy/girl friend ( )

Raised L.F.T.'s Yes/No

Other than above (specify): ( )

Present Condition of Patient: Well Ill/Deceased

## Laboratory Results:-

Other Sources of Infection - within previous six months (tick where applicable)

Drug abuse (Parenteral) ( )

Tattooing ( )

Renal Unit ( )

Travel Abroad ( )

Transfusion abroad:-

(i) Where

(ii) When

HB Ag		HB Ab		Type of Test
Date	+/ -	Date	+/ -	
11-11-83	—	30-9-82/42-80		RIA

Haemophilia Centre:

RFH

Signed: GRO-C: Christine Lee

Date: 31.1.84



## HEPATITIS SURVEY

To be completed by all Haemophilia Centres for patients with blood coagulation defects who develop jaundice (hepatitis) and to be returned to Oxford Haemophilia Centre with a completed Form JC1.

Centre: *RFH*

Full name of Patient: *Angus Stewart*

d.o.b.: *GRO-C 38*

Coagulation Defect: *VWD FVIII 20%*

F.VIII/IX level:

Date of onset of hepatitis: *30 X 84*

*20 u/dl*

Material(s) received during the 6 months prior to the onset of the present attack:

Type of Material	Date(s)*	Batch Nos**	Total number of F.VIII or IX Units
Plasma			
● Cryoprecipitate			
Oxford Factor VIII Concentrate			
Elstree Factor VIII Concentrate	<i>17.10.84</i>	<i>MLA 3076</i>	<i>28.00</i>
Edinburgh Factor VIII Concentrate			
Abbott Factor VIII (Profilate)			
Armour Factor VIII (Factorate)			
Cutters Factor VIII (Koate)			
Hyland Factor VIII (Hemofil)			
Immuno Factor VIII (Kryobulin)			
● Other Human Factor VIII***			
Porcine/Bovine Factor VIII			
Oxford Factor IX			
Edinburgh Factor IX			
Commercial Factor IX***			

Other Material(s) possibly implicated in this attack of hepatitis, including anaesthetics or drugs - please give date(s) and details:

*2 units blood 17.10.84*

Was the treatment given to cover surgery, dental extractions or any other major procedure? If yes, please give date(s) and details overleaf *Epietaxis*

General Comments (if any): Please give details overleaf

\*Inclusive dates may be inserted

\*\* Not applicable to Plasma and Cryoprecipitate

\*\*\*Please give the name of the manufacturer and/or trade name of product

APPOINTMENT		CT SCAN REQUEST		PT CODE		Date of Last Scan or X-Rays	
DATE	TIME	ROYAL FREE HOSPITAL N.W.3. Tel: 794 0500					
17.1X.85	12 <sup>30</sup> hr	NEURO-SCAN 3rd FLOOR Ext. 3853		2715			
		BODY-SCAN GRND. FLOOR Ext. 4149		F. D. No. 1022		June 84	

EXAMINATION REQ'D		Area of interest.		Hospital No.		M/F	
		enhanced liver scan + spleen.		213147			
				Surname			
				First Names		STENART	
				D. of B.		Angus	
				Ward/Dept.		M.C.	
				External Referral Consultant		(RFH) Consultant	
				Hospital		Transport (OP)	
				Radiologist (Ext. 4061)		Walking	
						CH	
						Bed	

Drs. Signature	GRO-C	Date	9.1X.85
Date of Report			

17.9.85 - CT SCAN LIVER & UPPER ABDOMEN: The liver is a little enlarged and its attenuating value (49 units) is slightly increased. No discrete focal lesion is seen on either the plain or enhanced scans.

Modest splenomegaly is noted. No other features of note are seen in the upper abdomen.

The portal vein diameter is 1.0cm.

Dr. Hinton/pm/19.9.85

This Form cannot be accepted unless full information is given.

Pts. Address	10 DAY RULE	RADIOGRAPHER	BODY/NEURO SCAN DATE
	APPLY	12	
	IGNORE		





# The Royal Free Hospital

Pond Street  
Hampstead  
London NW3 2QG

071-794 0500

Ext. 3806/4140

## HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

Dr P.B.A KERNOFF, MD FRCP MRCPPath  
Director

Dr CHRISTINE A LEE, MD FRCP MRCPPath  
Consultant Haematologist

*Review Confirmed  
8/3/91 9 Am - CK*

*1. VII. 90*

Dear *Mr Angus Stewart (Son)*

I am writing to tell you about the new anti-HCV test.

Many haemophiliacs who have been treated in the past with unheated clotting factor concentrates or other blood products have been exposed to the non-A non-B hepatitis (NANBH) virus, so called because it is unrelated to hepatitis A and unrelated to hepatitis B. One agent responsible for NANBH has now been identified by recombinant gene technology as the hepatitis C virus (HCV). We have a new test available which measures antibody to HCV (anti-HCV) and shows past infection.

Your anti-HCV was positive on *5.3.87*

Some people who have been exposed to NANBH (HCV) in the past may after many years go on to develop chronic hepatitis, but we cannot determine who will progress in this way. Although there are some trials of treatment for such liver disease, no-one is using treatment on a regular basis in haemophiliacs at the present time. Although it is possible that NANBH (HCV) can be spread sexually, information in this area is at present very limited.

We should be very pleased to further discuss with you any of these issues either at your next review or sooner if you would like to make an appointment.

Yours sincerely,

GRO-C

Dr Christine A Lee  
Consultant Haematologist

DATE	(Each entry must be signed)
	<p>Bp = 130/90</p> <p>HS = <math>\frac{11}{2} + 0</math></p> <p>Clear clear.</p>
	<p>Drugs: Atenolol 100mg max.</p> <p>Nifedipine 20mg bd</p>
	<p>PMH: GWT Surgery to nasal septum</p> <p>Septal perforation</p>
	<p>For DDAVP ✓</p> <p>Tranexamic acid ✓</p>
	<p>✓ Fbc Hb = 10.4g</p> <p>✓ Gp + same</p>
	<div data-bbox="1117 1039 1323 1150" style="border: 1px solid black; padding: 5px; text-align: center;">GRO-C</div>
<p>23/6/20</p>	<p>Epistaxis</p> <p>Back of throat.</p> <p>Intermittent over past week. Severe</p> <p>twice 11 pm last night.</p> <p>OE Cheek</p> <p>~ ° Shoud ° late</p> <p>P. 60 BP 150/95</p> <p>Am</p> <p>Fbc</p> <p>G+C</p> <p>DDAVP</p> <p>Tranexamic acid</p> <p>TIO Tranexamic acid</p> <div data-bbox="1188 1906 1295 2005" style="border: 1px solid black; padding: 5px; text-align: center;">GRO-C</div> <div data-bbox="1328 1984 1372 2016" style="text-align: right;">14</div>

# HISTORY SHEET (Continuation)

Hospital No.

Surname STEWART

First Names Agnes.

DATE

(Each entry must be signed)

14/9/90

Epistaxis - not heavy but persistent for sev. days.

- attended meetings last week - gave tranexamic acid, only  
after days supply.  
has bled today - stopped at present.

Plan: FBC.

DDAVP + Tx acid.

Contact ENT.

See again next Thursday - see for dental Rx - probably  
needs cover.

GRO-C

20.9.90

DDAVP given prior to Dental treatment

20/10/90

Further epistaxis just today but quite brief.

SS Not studied

Phys DDAVP + T.A.

GRO-C

25/11/90

Further epistaxis. Started yesterday pm. intermittent since then

SS Well.

Not studied.

R - DDAVP

Supply of T.A.

GRO-C

## HISTORY SHEET (Continuation)

Hospital No.

21-31-47.

Surname

STEWART

First Names

ANGUS

DATE

(Each entry must be signed)

19/12/85

Came to clinic with Epistaxis.  
Started this morning in R nostril.

C/E swelling from R nostril  
clots in both nostrils removed.  
No bleeding point identified.

- bleeding stopped - Ran after few minutes.

- Put absorbent for 2 hours on  
Mr Lagan.  
→ no further bleeding.

sent home and advised to  
contact us again in case  
bleeding will start again.

GRO-C

J22

(H.C.)

3/1/91

Hb = 8.6 from 31/12/90

Telephoned.

Reluctant to have blood transfusion.

Does not take Fe ∴ tendency → constipation.

Advise ferrous sulphate 1 OD - check Hb  
in 2/52.

Apparently he has haemorrhoids - information  
given to nurses. This needs enquiry  
? referral to surgeons.

GRO-C

27.2.91

At looked with Fagan v.m. (HAGMATE P) to assess epistaxis.  
(See K.N.T. notes) Blood taken for FBC, urea, creatinine, vitals & vitals.  
Seen by Dr Lagan (Haemophilia SR) prior to  
treatment for explanation of vial test.

GRO-C

(Signed Haemophilia  
Centre)

28.2.91

Letter dictated to Mr Lewis re. referral  
for haemorrhoids.



# The Royal Free Hospital

Pond Street  
Hampstead  
London NW3 2QG

Telephone  
071-794 0500  
Ext.

## HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

Dr P. B. A. KERNDFF, MD FRCP FRCPATH  
Director

Dr CHRISTINE A. LEE, MA MD FRCP MRCPATH  
Consultant Haematologist

CAL/MJ/317986

5 February 1991

Mr Adam Lewis  
Consultant Surgeon  
RFH

Dear Mr Ratcliffe

GRO-C - GRO-C 40 Senior  
GRO-C London GRO-C

This patient has Von Willebrand's disease. He has frequent epistaxis and as a result, has a severe iron deficiency anaemia. He also suffers from haemorrhoids and is very reluctant to take advice about these. I do not think that it helps his underlying bleeding tendency.

I wonder whether you could see him and advise about the management. I warn you that he is grossly overweight. Perhaps if you are agreeable to seeing him, you could send an appointment directly to his home address.

Yours sincerely

GRO-C

Dr Christine A Lee

*I had inadvertently  
written for*

GRO-C

*rather than 'Angus'*

*Apparently both have  
the same problem.*



# The Royal Free Hospital

Pond Street  
Hampstead  
London NW3 2QG

Telephone  
071-794 0500  
Ext.

## HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

Dr P. B. A. KERNOFF, MD FRCP FRCPPath  
Director

Dr CHRISTINE A. LEE, MA MD FRCP MRCPPath  
Consultant Haematologist

CL/LRB/213147

4th March 1991

Mr A Lewis  
Consultant  
Department of General Surgery  
RFH

*Adam*  
Dear Mr ~~Lewis~~,

Angus STEWART (Senior) - GRO-C 38

GRO-C

London

GRO-C

This patient has severe von Willebrand's disease and suffers from frequent epistaxis such that his haemoglobin is running constantly at about nine grams. Because of this we have to give him iron therapy and this results in him having constipation which has now precipitated problems with haemorrhoids. He had a rectal bleed about a month ago.

He is grossly over weight but I would value you seeing him in particular to note whether there is a problem and perhaps injection might be possible. We would cover him with DDAVP if this was necessary.

It seems that I have already referred GRO-C to you by mistake. However, I understand that he has exactly the same problem, is also over weight and also has epistaxis so by the time you see this patient you will have already seen GRO-C

Thank you for your help.

Yours sincerely,

GRO-C

Dr Christine A Lee  
Consultant Haematologist

CAL/LETTERS/PATS2.STE

## HISTORY SHEET (Continuation)

Hospital No.

Surname

STEWART

First Names

Angus

DATE

(Each entry must be signed)

21/3/91

Dr Miller G.P. phoned.

① Control of Angus BP. She has checked it today and it was normal. However, some readings here have been high. We should keep a record & can try 1<sup>st</sup> management. If difficult refer to physicians (Dr Evans - port)

② She has not had a letter for years!  
— We have not sent one  
book for review.

GRO-C

2/3/91

Returned!

Nose has really continued to bleed on & off since discharge.  
has been taking T<sub>2</sub> acid.

Plan: Given haemate P. as per I-P stay (7x 297V) i.v.

Return name if problems, Sharon to come Monday.

GRO-C

8/3/91

Review.

Von Willebrands Disease

1980 VIII C 95

vWFRAg 70

vWFRicof 20.

Bleeding time 20 mins +

Age 52.

Works for  
British Telecom  
(Manager.)

Bleeding problems.

1) Major problem is epistaxis.

Last time he had severe epistaxis  
(Feb 2/52 ago) → haemate P.

? should we be using this anyway.  
BP has been labile.

Has an appointment for 24/4/91 for ENT.

DATE

(Each entry must be signed)

- 2) BP - monitor here, discuss w GP  
 ? refer to cardiologists. (saw Dr Evans in 1980.)
- 3) Overwt., but reluctant to see dietician.

## 4) Anaemia -

31.12.90 8.6

1.2.91 9.3

25.2.91 10.2

} i.e. 2g in 6/52.

Taking ferrous sulphate 200mg.  
 This seems to be responding.

## 5) Haemorrhoids - referred to Mr Lewis.

Drugs - atenolol 1 / day Started 3-4 yrs ago.

- Tranexamic 3 x 4 daily when he has had a bleed. Very effective.
- Has drops for nose.

Smoking - Nil 8-9 yrs ago stopped.

NANBH - Mar 80 well documented.

Anti-HCV pos.

AST consistently abnormal.

I have discussed anti-HCV and interferon. Mentioned study but he said 'we can leave him out.'

GRO-C

Angus Stewart 27 (son)  
 Horatio

Mark Stewart 23 (son)

GRO-C

} The Stewart family under our care.



## HISTORY SHEET (Continuation)

Hospital No.

Surname

Stewart

First Names

Angus.

DATE

(Each entry must be signed)

O/E.

BP 130/100

130/80.

140/90

129 Kg.

20st.

(Age 21 13st 8lb)

Hb.

LFT.

HIV/HCV/HBV

Rev.

bloods.

lyt

review

CAL

23/3/91

Self referral.

Further epistaxis, began bleeding earlier this a.m.  
Feels well. No haemodynamically compromised.

Plan

Treat Haemate P - 2079 in a per previous admission  
Check Hb.

GRO-C

28.3.91

Epistaxis persists.

Bleeding every day since last treatment.

Packs in nose every day.

for Haemate P today

Try 10 units = 3000

To return if further bleed, otherwise

Note that in view of abnormally raised BP, Haemate P  
is probably not a very good idea

GRO-C



Pot  
Pond Street  
Hampstead  
London NW3 2QG

# The Royal Free Hospital

Telephone  
071-794 0500  
Ext.

## HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

Dr P. B. A. KERNOFF, MD FRCP FRCPath  
Director

Dr CHRISTINE A. LEE, MA MD FRCP MRCPPath  
Consultant Haematologist

CAL/LRB/213147

12th March 1991

Dr R Miller  
Kentish Town Health Centre  
2, Bartholomew Road  
LONDON  
NW5

Dear Dr Miller,

Angus STEWART (Senior) - GRO-C 38  
GRO-C London GRO-C

I saw Mr Angus Stewart senior on the 8th March for review. It had come to our notice that we had not written to you for some years and I think we really need now to put this patient on regular annual review to rectify that. It is not normally our practise to review people with von Willebrand's Disease but clearly this patient has major problems.

He is now aged 52 and he works as a manager in British Telecom which is now a desk job. Formally he used to actually do work underground. His von Willebrand's baseline measurements as taken from 1980 showed an VIIIC of 95, a von Willebrand factor Antigen of 70, a von Willebrand factor RiCof of 20 and a bleeding time of greater than 20 minutes. His major bleeding problems are epistaxis, he had a very severe epistaxis some two weeks ago and required treatment with factor VIII concentrate, haemate P. He was seen at that time in the ENT Department and I think they have given him some nasal drops and they are going to follow him up in the April.

I think we need to consider in the centre whether he actually should regularly be treated now on haemate P, formally he has had DDAVP, but we are a little wary of this in people with cardiovascular problems because it has been known to cause myocardial infarction.

page 2

CAL/LRB/213147

12th March 1991

Angus STEWART (Senior) - GRO-C 38

A further problem he has is of hypertension, this was first noted I think in 1980 when he was actually referred to the cardiologist here. I understand that he is now on one atenolol a day which was started three to four years ago. Today I took a standing blood pressure which was 130/100, a sitting blood pressure which was 130/80 and a lying blood pressure which was 140/90. It does seem that you now have this under control with atenolol and I would not suggest any change in dosage with these kind of levels. He is of course severely over weight, he is 129kgs which was over 20st, he tells me that he weighed 13st 8lbs when he was 21 so I guess this is nearer his normal weight. He is most reluctant to see a dietitian but I am sure this over weight does not help the hypertensive situation.

This third major problem is that of anaemia. However, this seems to be improving, we now have levels on the 31st December of 8.6gms, on the 1st February of 9.3gms and on the 25th February on 10.2gms. He is on treatment with ferrous sulphate which he takes in one to two tablets daily and it does seem that the anaemia is responding. He was extremely reluctant to have a transfusion.

He does have a longstanding problem with haemorrhoids and this will not help his anaemia. I have therefore referred him to Mr Lewis.

The medication he is on at present is the atenolol that I have mentioned above which he takes in a dose of one a day. He also has tranexamic acid, this is an anti-fibrinolytic agent and he takes this in a dose of a 1,000mgs three times a day when he has a bleed. It is extremely effective. I have given him a supply today, but he may come to you for further supplies in the future. He has some kind of nasal drops and he is intending asking you to resupply him with these because he hadn't got the appropriate bottle here today.

Fortunately, he has taken the advice of stopping smoking and he stopped eight to nine years ago.

He has chronic hepatitis, we know that he had non-A non-B hepatitis in March 1980 when he had his first exposure to factor VIII which at that time was unheated. This is very well documented and we know now that he is anti-HCV positive. His AST is consistently abnormal. We are now in the process of treating some of our patients who have chronic non-A non-B hepatitis with interferon. I mentioned this study to him, but he said "we can

page 3

12th March 1991

CAL/LRB/213147

Angus STEWART (Senior) - GRO-C 38

leave him out". However, I feel I have explained to him about non-A non-B hepatitis and the possibilities of that kind of treatment in the future.

I have to confess that I myself have become extremely muddled about this family to the extent that I actually referred GRO-A GRO-A to our surgeon here for his haemorrhoids instead of Angus. We now have under our care: GRO-A D, who is Angus's brother; Angus Horatio Stewart, aged 27, who is his son; Mark Stewart, aged 23, who is also his son GRO-A  
GRO-A

We have today taken review bloods to check his haemoglobin liver function tests and viral studies once again and I would plan to review him once a year. However, inevitably he will attend between those visits with acute problems.

Once again I do apologise that we seem not to have communicated to you for some years and I hope that this will now be rectified.

Yours sincerely,

GRO-C

Dr Christine A Lee  
Consultant Haematologist

CAL/LETTERS/PATS1.STE



The Royal Free Hampstead  
NHS Trust

Pond Street  
Hampstead  
London NW3 2QG

Telephone  
071-794 0500  
Ext.

HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

Dr P. B. A. KERNOFF, MD FRCP FRCPath  
Director

Dr CHRISTINE A. LEE, MA MD FRCP MRCPPath  
Consultant Haematologist

Ref: CAL/EAD

17th April 1991

Dr Birger  
X-Ray  
RFH

Dear Les,

Re: Angus Stuart - GRO-C 39

GRO-C

London

GRO-C

This patient came to see me yesterday 15th April and was asking me the results of an abdominal ultra sound he had done on 21st February. We do not seem to have received a report in the Haemophilia Centre. On enquiry in X-ray it does not seem to be on the computer and I understand now that there is no written documentation of this report in the X-ray department. Does this mean that we will not get a report on this ultra sound. I would be grateful if you could look into this matter and let me know because I have promised to let the patient know.

Yours sincerely,

GRO-C

Christine A Lee  
Consultant Haematologist

## HISTORY SHEET

Hospital No.

Surname

First Names

D. of B.

Stewart  
Angus (Lar)M/  
M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

25/4/91

Notes c Mr Lewis.

Prescription - glucose 25% in glycerin  
nose drops 2 tds 2/52  
(for nose.)Fybogel 1 sachet BD oral in water  
1/12.

Ferrous sulphate 200mg O-D 3/12

GRO-C

# ORTHOPAEDIC DEPARTMENT

Hospital No. 213147  
Surname STEWART  
First Names Angus (Snr)  
D. of B. GRO-C/38

M/F  
M/S/W

## Diagnosis

VWD MODERATE

Occupation Telephone Engineer

## Address

GRO-C

London

GRO-C

Private Dr. R. MILLER  
KENTISH TOWN HEALTH CENTRE  
2 BARTHOLOMEW ROAD  
LONDON NW5

## DATE

## CLINICAL NOTES (Each entry must be signed)

14/8/91

Combined Orthopaedic/Haemophilia

Mr. Madgwick/Mr. Ribbans

Mr Stewart's recent history was discussed in great detail by Mr. Madgwick, Mr. Ribbans and Dr. Lee. Mr. Madgwick's recommendations were that he should continue on his present antibiotics, have weekly ESR estimations and a repeat coned X-ray of the T7/8/9 area, AP and lateral. The bone scan should be checked on and, if necessary, a repeat scan with Indium should be performed. No note was dictated at the time of the clinic.

4/9/91

Is generally improved with less spasm and tenderness wover the mid dorsal spine but he is limited in his ability to stand or sit for long and does not feel he can return to work. The ESR is less than it was at the early stages of the process but is relatively static in the mid forties. Latest X-ray shows a right sided para vetabral thickening and some erosion of the bodies adjacent to the disc space, probably at 17/8. I suggest that a biopsy of the bone and disc be carried out by Dr. Dick and the specimen subjected to histopathological examination and microbiology. Continue wuth ant-Staph. therapy in the meantime.

Combined Orthopaedic/Haemophilia Clinic  
Madgwick/Ribbans/Goldman

4/12/91

Has virtually no discomfort at all from his back occasionally has a slight ache. Has a good range of active movement without pain. X-rays show some fibrotic paravertebral thickening. Bone density is good. Strong osteophyte formed between T8 and 9 and to some extent between T7 and 8 with virtually obliteration of the disc spaces and no significant kyphosis or scoliosis.

I think it reasonable to regard the lesion as certainly quiescent and probably fully healed. Patient advised to report any untoward symptoms otherwise need not return on this account.



The Royal Free Hampstead  
NHS Trust

Pond Street  
Hampstead  
London NW3 2QG

Telephone  
071-794 0500  
Ext.

HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

Dr P. B. A. KERNOFF, MD FRCP FRCPPath  
Director

Dr CHRISTINE A. LEE, MA MD FRCP MRCPPath  
Consultant Haematologist

REF: EG/JS/213147

12 September 1991

Dr. R. Miller  
Kentish Town Health Centre  
2 Bartholomew Rd  
London  
NW5

Dear Dr. Miller,

RE: Angus STEWART (Snr) DOB: GRO-C 38  
GRO-C London, GRO-C

Mr. Stewart was seen in the combined Orthopaedic/Haemophilia Clinic on September 4, 1991 to assess progress of his vertebral osteitis. Is was clinically improved with less spasm and tenderness over the mid dorsal spine but he was limited in his ability to stand or sit for long and did not feel he could return to work. The ESR was less than at the early stages of the process but still elevated in the mid forties. The latest X-rays showed a right sided para vetebral thickening and some erosion of the bodies adjacent to the disc space, probably at T 7/8.

Mr. Madgwick suggested that a biopsy of the bone and disc be carried out and the specimen be subjected to histopathological examination and microbiology. Arrangements are being made for Dr. Dick, Consultant Radiologist, to perform this examination. Anti-Staphylococcal therapy will be continued in the meantime.

Yours sincerely

GRO-C

Dr. Eleanor Goldman  
Associate Specialist





The Royal Free Hampstead  
NHS Trust

Pond Street  
Hampstead  
London NW3 2QG

Telephone  
071-794 0500  
Ext.

HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

Dr P. B. A. KERNOFF, MD FRCP FRCPATH  
Director

Dr CHRISTINE A. LEE, MA MD FRCP MRCPATH  
Consultant Haematologist

REF: EG/JS/213147

12 December 1991

Dr. R. Miller  
Kentish Town Health Centre  
2 Bartholomew Rd  
London, NW5

Dear Dr. Miller,

RE: Angus STEWART (Snr) DOB: GRO-C 38  
GRO-C London, GRO-C

Mr. Stewart was seen on the combined Orthopaedic/Haemophilia Clinic on Wednesday, December 4, 1991. He reported that although he had occasionally had a slight ache in his back, he no longer had any significant discomfort. He had good range of active movement without pain. X-rays showed some fibrotic paravertebral thickening. Bone density was good. There was strong osteophyte formation between T8 and T9 and, to some extent, between T7 and T8 with virtual obliteration of the disc spaces and no significant kyphosis or scoliosis.

Mr. Madgwick felt that it was reasonable to regard the lesions as quiescent and probably fully healed. There was no need to return for followup, but the patient was advised to report back if he should experience any untoward symptoms.

Yours sincerely

GRO-C

Dr. Eleanor Goldman  
Associate Specialist

17/5/92

Nose bleed since PM: yesterday.  
Has now stopped

Hemate 2600 units per  
for review tomorrow

GRO-C

19/5/92

Dismissed R. Dawson trial - a potential candidate.

EtOH. ~ 25 units/wk.

Medication. Alcohol

Ph. 0.50ml

Check LFT, HSC, RIBA-2, store x1  
AIP.

GRO-C

12/6/92

BAP 118/78

Epistaxis since yesterday evening.

Worse this a.m. Has oral tranexamic acid  
at home, 1g taken ~ 0700.

Still bleeding ++

Given ~ 3,500 units Hemate P.

Gradually subsided.

Past ~~for years~~ <sup>year</sup> recurrent epistaxes. Less so  
since taught home treatment and access to  
regular tranexamic acid.

Little BUT can do.  
(see notes)

GRO-C

30

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 071 794.0500



Royal Free Hospital

HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT  
Director: Dr Christine A Lee MA MD MRCPath FRCP

TEL No: 071 794 0500 EXT: 4140  
FAX No: 071 431 8276

AT/LRB/213147

18 March 1993

Dr R Miller  
Kentish Town Health Centre  
2, Bartholomew Road  
LONDON NW5

Dear Dr Miller,

Angus STEWART (Snr.) GRO-C38  
GRO-C London GRO-C

Diagnosis:

1. Moderate vWD
2. HCV antibody positive
3. Hypertension

Mr Stewart was reviewed today. He has had few episodes of epistaxis during the last six months. He is still on prophylactic treatment with factor VIII twice a week with approximately 2000 units each time. He thinks that prophylactic treatment has made a great change in his status. He is having some dental problems for which he is going to get an appointment.

His general health is good. He is no longer complaining of chest pain. He is on atenolol 100 mg once daily for his elevated blood pressure. He remains to be HIV negative, but HCV antibody positive with elevated liver enzymes. I have advised him to reduce his alcohol intake.

I also advised Angus to reduce his salt intake and try to lose weight in order to control his blood pressure.

On examination his weight was 125 kg, blood pressure 145/90 mmHg and his physical examination was negative. Routine blood was taken and we will see him in six months.

Yours sincerely,

GRO-C

Dr A Taher

AT/LRB/STEWART

CXR - Opneothorax / Consolidation seen

D - likely pleural

On re-examination of abdo really no tenderness

Plan Analgesics + cytology -  
Review Mon/Tue

GRO-C

18.3.93

Review : Moderate vWD

- • Few episodes of epistaxis  
Feels much better (vast improvement)  
prophylactic Rx: Monday + Friday  
~ 2000 Unit each time

• No dental problems  
Should get an appt with  
dentist!

• No muscle or joint bleed

- General health OK!

Get back pain

No pleurisy

B.P OK

after stopping DDAVP

Still on

Atenolol one tablet

daily

- HCV positive

AST

125 U/L

ALT

124 U/L

(Same since 13/8/92)

HIV

negative

# HISTORY SHEET

Hospital No.

Surname

First Names

D. of B.

STEWART

Angus

GRO-C

38

M/F  
M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

wt = 19st (125 Kg)

B.P = 145/90 mmHg

Mouth clear / No Thrush

Heart ml S1 + S2

Lungs C+R

abdomen obese

liver + spleen enlarged  
be fat

Routine blood

24h in 6 months -

27/3/93 40 Enis tarix

GRO-C

bleeding at Punct

B.P 8 - 3000

Transcan A.

GRO-C

10/6/93 attended for trial of vWF High Purity vWF Factor

Labels - Pre Rx - 3040 iu given i.v

vWF

Ricof

10 mins Post -

1 hr post.

4 hrs post

24 hrs post.

GRO-C

1.7.93

In discussion with Dr Goldman & myself it seems that Mr Stewart has been having chest pain 1/2 hour after high vWF concentrate (French). I have therefore advised to go back on 8Y. We will do fall offs for comparison next week.

GRO-C

6/7/93

Seen as follow-up after conversation on 1/7.  
For past 12-18 months SOB on climbing stairs —  
puffed after 13 steps in his own home. Able  
to walk long distances on the level.

Alcohol — gin — 6 large gins every evening except Wednesday!  
(doesn't drink at home — lodge meetings +  
socializing)  
— no beer or wine.

Has not smoked for past 12 years.

Chest pain over left precordium & at level of  
diaphragm approx. 30 min after treatment with  
high purity factor VIII. No radiation down arm or  
into shoulder.

"Pins & needles" in all fingers of left hand  
constantly present for several weeks.

Appetite good  
Bowels regular

wt. 20 stone ±  
125 kg.

Says he is willing to diet + ~~exercise~~ exercise. Thinking  
of buying exercise bike. Suggest he tries bike in  
physio dept. (after consultation with cardiologist.)

Small epistaxis this morning. Treated with 8y  
Pre & post samples taken. For 4 h post at 2pm  
O/E BP 150/100 No evidence of cardiac failure 34

# HISTORY SHEET

Hospital No.

Surname STEWART

First Name Angus SNR

D. of B.

M/F

M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

6/7/93

Plan ECG  
dent X-ray  
Refer cardiologist for advice

24/9/93 ENT

Epistaxis

Gliding point

Electron counting

+ AS ND3

Chlorambucil cream

Haemostatic secret

GRO-C

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 071 794 0500



THE ROYAL FREE HAMPSTEAD

Royal Free Hospital

THE HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT NHS TRUST  
Director: Dr Christine A Lee MA MD MRCPath FRCP

TEL: 071-794-0500  
FAX No: 071 431 8276

EG/gs/213147

8 July 1993

Dr Lipkin  
Consultant Cardiologist  
Royal Free Hospital

GRO-C

Dear Dr Lipkin,

RE: Angus STEWART (Snr)

GRO-C

London

DOB: GRO-C 38

GRO-C

I would be grateful if this man could be sent an urgent appointment to attend your clinic for advice on diagnosis and management. He suffers from moderately severe von Willebrand's disease. His main bleeding problem over the years has been associated with recurrent torrential epistaxes which have been treated with factor VIII concentrate and on some occasions with nasal packs and also with cauterisation. During the past year he has been taught to treat himself and has been put on a regime of prophylactic factor VIII injections which have considerably reduced the frequency and severity of bleeds.

He was seen on 6th July 1993 for general review after he had mentioned having constricting chest pain shortly after treatment with a new type of high purity factor VIII. He was changed back to regular intermediate purity - BBL factor VIII - on the 1st July and has not experienced any further chest pain. The pain when it occurred was over the left precordium and at the level of the diaphragm with no radiation down the arm or into the shoulder. However, he also revealed that he has become increasingly dyspnoeic and feels quite puffed after climbing a flight of thirteen steps in his own home. He is able to walk reasonable distances on the level. He has no other symptoms.

In 1991 he was treated for osteitis of D8 which responded well to treatment with Flucloxacillin and sodium Fusidate. Investigations for possible tuberculosis were all negative. He has been taking Atenolol 100 mg daily for some years for hypertension. He is anti-HIV negative and anti-HCV positive with persistently abnormal liver function tests.

When examined on the 6th July his blood pressure was 150/100. There was no evidence of cardiac failure. Chest X-ray showed an enlarged heart. He is grossly over-weight at 125kg and has been referred to the dietician with his wife for advice.

I have told Mr Stewart that I would be referring him to you for advice on future management and would be grateful if you could send the appointment directly to him.

Yours sincerely

GRO-C

Eleanor Goldman MB BCH  
Associate Specialist

cc:

Dr Toag GP

36

WITN0644040\_0036



# HISTORY SHEET

Hospital No. 213147  
Surname  
First Names STEWART  
D. of B. Angus.

M/F  
M/S/W

ORAL SURGERY.

DATE	CLINICAL NOTES (Each entry must be signed)
21.2.94	post-prep for coping L3. To make acrylic denture ↑
21.3.94	fit B coping ↑ nip for P/- metal <div data-bbox="1141 514 1312 594" style="border: 1px solid black; padding: 2px; display: inline-block;">GRO-C</div> <div data-bbox="1071 678 1242 751" style="border: 1px solid black; padding: 2px; display: inline-block;">GRO-C</div>
<u>7.4.94</u>	<p>HB 9.5 (7/4/94) HCV 67 P/H 165</p> <p>Came to H.C for <sup>after</sup> faster going to cardiology clinic</p> <p><u>9/6</u></p> <ol style="list-style-type: none"> <li>1. Tiredness</li> <li>2. claudication</li> <li>3. occ giddy</li> </ol> <p>last 2/5/2 - his anti hypertensive medication has been changed to try + b BP.</p> <p>2/5/2 changed from enalapril frusemide } → ?</p> <p>On New tablets BP ↓ but ↑ nose bleeds x 5-6 None for last 2.3/2. — No GI blood loss</p>

Usualy time Hb 10.5  $\rightarrow$  11.7g

$\therefore$  lost  $\sim 1.5 - 1.5g$  MCV 67.

% P. 100 @ 150/95  $\approx$  50% = 50%.

\_\_\_\_\_

Chest No pulmonary edema.

Abd



ach, s.

Imp Recor @ postures

Hb 1.

Advised ① to restant p. fe.

② to come to H.C 11/4/94 for repeat fsc

③ If  $\uparrow$  tiredness  $\pm$  anore

$\pm$  claudication

} to come sooner

w/ over large bleeding.

GRO-C

12/4

Symptoms undelayed.

Repeat Hb today. if same or  $\uparrow$  - continue  
if  $\downarrow$   $\rightarrow$  the transfusion.

T.C.1 - ready to see and surgeons.

GRO-C

Hb 8.9

Plts 131,

wBC 5.1

$\therefore$  Admit

DATE

(Each entry must be signed)

9/5/94

Asked to see, VWD moderate

① Hot flushes

② spots in front of the eyes

1/52 feels a heat across his chest - feels warm rises to his head → headache + spots in vision. (Has recurrent epistaxis - small and undiagnosed) lasts 5-10 minutes LOC + pain

has chest tightness = 13 steps stable for some time. equivocal exercise ECG mild LVF on Echo

Tablets

Atenolol 50 mg

3806

Paracetamol 2mg tds  
 Tildiem  
 co amlozide  
 GTN spray  
 Ranitidine 150mg bd.

PMH - VWD

- recurrent epistaxis - has had extensive surgery removing nasal septum
- undiagnosed chest tightness equivocal ECG mild LV impairment on Echo
- Hypertension
- PS osteitis 1991
- HCV + 1993
- Anaemia + gastric erosions on endoscopy last month

Plan O/E overweight

clinical anaemia

chest / abdo / eyes NAD

p 88 bp 180/90 JVP → 0 oed

good foot pulses HS 1 + 11 + 0

## HISTORY SHEET (Continuation)

Hospital No.

Surname **STENART**First Names **Angus**

DATE

(Each entry must be signed)

Plan symptoms of uncertain aetiology  
may be IHD with atypical presentation

- exclude recurrent anaemia
- ECG
- routine screen blood as per review but Fbc urgent

GRO-C

ECG H<sub>4</sub> partial 4BBB unchanged

Hb 11.4 MCV 71 MCH 23.5 pL 153  
WCC 6.1

Hb stable but Fe deficient indices  
→ advised to commence iron

Take ranitidine bd as prescribed for 2/2

GRO-C

16.5.94 Epistaxis this am

- bleeding for about 10 mins in spite of BL 87.
- now slowing down

Getting about 3 bleeds per week despite prophylaxis with BL 87.

Discuss 1/2 trial of Hamate P. to see if better prevention  
to start Hamate P. as prophylaxis

Now - 50% Hamate P.

- note whether better or worse.

GRO-C

See 1/2

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 071 794 0500



**Haemophilia Centre & Haemostasis Unit**  
Director: Dr Christine A Lee MA MD FRCP FRCPath  
Consultant: Dr K John Pasi MB MRCP MRCPath

Tel No: 071 830 2068/2896

Fax No: 071 830 2178

Out of hours: 071 794 0500 bleep 811

JP/LRB/213147

23 June 1994

Dr Toag  
Kentish Town Health Centre  
2, Bartholomew Road  
London NW5

Dear Dr Toag,

Angus STEWART (Senior) GRO-C38  
GRO-C London GRO-C

This gentleman, with Type 1 von Willebrand's disease, attended the Haemophilia Centre recently for review. Over recent months he has been using prophylaxis with BPL8Y to try and reduce the frequency of his epistaxis. Unfortunately, these continue to occur at approximately thrice weekly intervals, despite prophylaxis. About five weeks ago he was changed from BPL8Y to Haemate P, the second concentrate rich in von Willebrand factor and useful in the treatment of von Willebrand's disease. This has been much more successful in maintaining an effective prophylactic regime. Over the last five weeks he has only had two minor epistaxes. He is clearly very happy with Haemate P and feels that he responds well to the infusions.

Angus clearly has a number of other problems with: chest pain, which is under investigation by the cardiology team; breathlessness and intermittent claudication of the left calf which has been continuing for the last three months. In addition, he is hypertensive, has variably raised LFT's - secondary to HCV infection - and continues to drink reasonably heavily. He is, at present, off work and feels that he may require early retirement on medical grounds, ultimately.

On examination he was clearly over weight, weighing 127 kg. He has got quite marked spider nevus, but no other particular physical signs of note.

page 2 of 2

JP/LRB/213147

23 June 1994

Angus STEWART (Senior) -GRO-C38

Routine investigations showed haemoglobin 10.6 gm/dl, MCV 71, white count  $4.4 \times 10^9/l$ , platelets  $148 \times 10^9/l$ , iron 6, iron binding capacity elevated at 96, ferritin less than 10, ALT 147 U/l, AST 198 U/l and he is immune to hepatitis A and hepatitis B, with a surface antibody level of 93 u/l, and a CD4 count of  $0.6 \times 10^9/l$ .

For many months Angus has had a mild hypochromic microcytic anaemia and this has been confirmed on iron studies to show that he is iron deficient. He had been taking iron, but I have told him that he needs to continue this for at least three months to build up his iron stores. His von Willebrand's disease has become more controlled with the use of Haemate P and we will continue this at present.

We will see him again for further review in four months' time.

Yours sincerely,

GRO-C

Dr John Pasi

c:\BLINDA\WP\PASI\STEWART.JUN

DATE

(Each entry must be signed)

~~23.6.94~~  
23.6.94

Review 1/2 after starting Harnalz P

Using Harnalz P ~~2~~ weekly as prophylaxis  
Was on 8Y : getting 3 bleeds (epistaxis) per week  
Now own last 5/82 only 2 minor bleeds

V. happy with Harnalz P : responds well to R  
No chest pain or other probs with R.  
No other bleeding episodes

Continues to chest pain on exertion - under  
cardiology review / investigation

SORSE

Int. Claudication > 300yds (L) calf  
to nocturnal cramps (3/12).

Other issues : gastric erosions : on H<sub>2</sub> blocker  
P<sub>2</sub> Def? Induct : stopped P<sub>2</sub>  
→ need to continue  
↑ BP - on R

HCV + : raised / variable LFTs  
: continues to drink gin

ST

on sickness benefit / list from R.  
Will prob. return on medical grounds  
gets out & about walking - but slowed by SOB

QE

AIN weight : 126.5 kg.

Spleen / liver ++

No nodes / anaemia

CVS : P 60/min

SUP ↓

BP 130/90

HS 1 ——— 11 em

## HISTORY SHEET (Continuation)

Hospital No.

Surname

STEWART

First Names

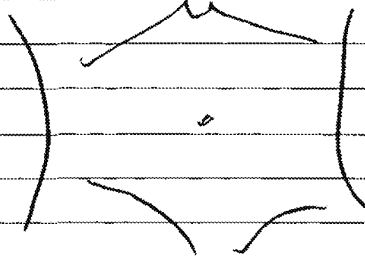
Angus.

DATE

(Each entry must be signed)

RS: clear.

Abdo:

SAT  
no LUCS

Improvement with Harnatz P.  
Continue as above.

See 4/12.

GRO-C

5.9.94 Review

VWD: doing well. On prophylaxis U+F & Harnatz P  
NO requiring intervention &  
No other bleeding episodes.  
V. happy & Harnatz P.

Cardiology: recurrent chest pain - now thought to be  
angina: hypertension  
on Atorvastatin, Lisinopril

Similarly SOB. Claudication unchanged.

HCV: LFTs much the same.

Reduced alcohol intake during week.

Needs CT scan.

Gminal: Single episode of harnatz P 3/7 ago. Now  
resolved. No other symptoms.

SH: Being treated on healthy glands

9/E wt 181 kg

C/S: wad.

RS: clear.

Abdo: nard

Rachne bloods. + PSA/Acid P; /MSU. HCV now 81! Shp P.  
Continue Harnatz P CT ordered.

6/12

GRO-C



ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 071 794 0500



HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT  
Director: Dr Christine A Lee MA MD FRCP FRCPath  
Consultant: Dr K John Pasi MB MRCP MRCPath

TEL NO: 071 830 2068/2896  
Fax No: 071 431 8276

Out of hours: 071 794 0500 bleep 811

DR TOAE.  
KENTISH TOWN HEALTH CENTRE  
2 BARTHOLOMEW RD.  
LONDON. NW5

Dear

Re:

Diagnosis:

This patient attended the Haemophilia Centre today.

Problem:

Action:

Comments:

Yours sincerely,

GRO-C

Christine Lee

GRO-C

John Pasi

c:\BLINDA\WP\PASI\MISC\DIAG

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 071 794 0500



Royal Free Hospital

**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

**Director:** Dr Christine A Lee MA MD FRCP FRCPath

**Consultant:** Dr K John Pasi MB PhD MRCP MRCPath

**Senior Lecturer:** Dr David J Perry MD PhD MRCP MRCPath

**Tele No:** 071 830 2068 Ext: 4140

**Fax No:** 071 830 2178

12 September 1994

Dr Toag  
Kentish Town Health Centre  
2 Bartholomew Road  
London  
NW5

Dear Dr Toag

**Re:** Angus STEWART DoB: GRO-C38

GRO-C

London

GRO-C

This gentleman, with von Willebrand's disease, attended the Haemophilia Centre recently for a review. With regards to his von Willebrand's disease he has been doing very well over the last four months. He continues on prophylaxis twice a week with Haemate P. During this period he has not required any intervening treatment and has had no other bleeding episodes.

His other medical problems revolve around recurrent chest pain which is thought to be angina and hypertension. He is on anti-hypertensive medication and anti-anginal medication and he continues to be followed by the Cardiology Team at the Royal Free. In general, apart from a single episode of haematuria he has been otherwise well. I gather he is now being retired on the grounds of health from his job with British Telecom. On examination he weighed 131 kg, and apart from a few spider naevi there were no other physical signs of note.

Routine blood tests showed haemoglobin 14.2, MCV 85, platelets 112, white count 4.6, AST 213, ALT 165. He is HBsAg positive and HCV antibody positive.

In general Angus remains relatively well apart from his cardiological problems. He should continue on his Haemate P prophylaxis as this has obviously been quite successful. His liver function tests have deteriorated somewhat over the last year and I have suggested that we repeat a CT scan in the near future and then consider further therapy for his HCV related hepatitis. We will see him again in due course.

Yours sincerely

GRO-C

Dr John Pasi

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



DEPARTMENT OF CARDIOLOGY  
CONSULTANT: DR D LIPKIN  
DIRECT LINE: 071 830 2851  
FAX NO: 071 830 2857

GC/NS/21 31 47

13th March 1995

Dr C Lee  
Haemophilia Centre  
Royal Free Hospital

Dear Dr Lee

Angus Stewart Dob GRO-C 38  
GRO-C London, GRO-C

For our records with regard to this gentleman we would be grateful for your opinion as to what the correct management should be if we feel that we need to proceed to angiography and possibly bypass surgery. He has Von Willebrands disease. He has been previously informed that this makes him too high risk for coronary surgery. This is not my recollection from cases I have seen at Harefield and I wonder what your opinion of this would be.

Yours sincerely

GRO-C

DR GERRY COGHLAN  
Senior Registrar in Cardiology

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 071 794 0500



HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT  
Director: Dr Christine A Lee MA MD FRCP FRCPath  
Consultant: Dr K John Pasi MB PhD MRCP MRCPath  
Senior Lecturer: Dr David J Perry MD PhD MRCP MRCPath

Tele No: 071 830 2068 Ext: 4140  
Fax No: 071 830 2178

KJP/KB/213147

4 April 1995

Dr G Coghlan  
Senior Registrar in Cardiology  
RFH

Dear Dr Coghlan

Re: Angus STEWART DoB: GRO-C38  
GRO-C London GRO-C

Dr Lee passed this letter over to me about Angus Stewart who has severe phenotype type 1 von Willebrand's disease, who clearly has a number of cardiological problems in addition to his von Willebrand's disease. I think it would be simplest if Dr Lipkin, yourself, Christine Lee and myself met at some point to discuss this face-to-face so that we could plan the appropriate management. If you could fix up a mutually convenient time I am sure we could have it all dealt with within about 10 minutes.

Yours sincerely

GRO-C

John Pasi

10-7-95

REVIEW

NAME: STEWART Angus Sn

HOSP NO: 213147

Haemophilia vwb. Type 1

Age GRO-C 36

HIV NEG.

vuf Act.  $\approx$  15 u/dl. Occupation Refd.

HCV Type 1, RNA +

Haemophilia

Present treatment: Haemate

Prophylaxis: 2x weekly A+Fei.

? 3000u +

Demand:

- Almost no bleeding problems. Minimal epistaxis since swapping  
Annual use: to Haemate P.

Planned treatment:

Prophylaxis:

Demand:

FE - general health

Prev. renal stone: lithotripsy

: stone disolved, but still having problems

: hesitancy, poor stream, terminal dribbling

Under further tx for prostate: scan u/s soon.

Cardiology: Under Dr Lipkin. Still getting chest pain. Review in Aug.

? will need angiogram. Claudication - improved since

Tx. Trouble with stairs. Advised previously to loose wt.

General Health: otherwise ok.

**Transfusion Transmitted Disease:**

HIV

Medication

Co-Amoxiclav  
Pravastatin 2mg tabs  
"Duretic" 2 daily  
Atorvastatin 50mg daily  
Angiotensin Ren.  
Fe. Sulphate.

Hepatitis (including vaccination)

HAV Pos. (vaccinated)  
HBV Pos 9/94  
HCV Pos ALT 68 AST 79

Social

Alcohol: 30+ units alcohol per week. (cutting down)  
Rt. Lot of community work  
Wants to be Home. Soc. Rep.

O/E

Height (children) =

Weight = 131 kg

Spider naevi ++ Liver palms.  
No nodes. Inflamed pharynx.  
CVS: P60/min HTS 1 — 4 mmHg  
RS: clear  
Abds: ncd.

Conclusion

1. Continue with prophylaxis.
2. Ref to Cardiologists for investigations
3. Send GGDs for throat.

Plan

4. Continue Fe.

June 98

CD4 0.61

Protein <5

Hb 11.6 LCV 67

PLts 136 WCC 5052

GRO-C

ROYAL FREE HOSPITAL  
POHO STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**  
Director: Dr Christine A Lee MA MD FRCP FRCPath  
Consultant: Dr K John Pasi MB PhD MRCP MRCPath  
Senior Lecturer: Dr David J Perry MD PhD MRCP MRCPath

Tele No: 0171 830 2068 Ext: 4140  
Fax No: 0171 830 2178

KJP/KB/213147

11 July 1995

Dr D Lipkin  
Consultant Cardiologist  
RFH

Dear Dr Lipkin

Re: **Angus STEWART DoB: GRO-C38**

GRO-C

London

GRO-C

I gather you will be reviewing this chap with von Willebrand's Disease and recurrent episodes of chest pain in the next month. Dr Coghlan wrote earlier this year suggesting that you may need to proceed to angiography and possible bypass surgery as it had apparently been suggested at one point that his von Willebrand's Disease precludes this. I am writing to mention that obviously no problem is insurmountable and that if such investigations are required it may well be possible to manage his bleeding disorder through this.

Kind regards.

Yours sincerely

GRO-C

John Pasi

GRO-C

*Henry to discuss  
Dr.*

ROYAL FREE HOSPITAL  
POHO STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



Royal Free Hospital

**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**  
Director: Dr Christine A Lee MA MD FRCP FRCPath  
Consultant: Dr K John Pasi MB PhD MRCP MRCPath  
Senior Lecturer: Dr David J Perry MD PhD MRCP MRCPath

Tele No: 0171 830 2068 Ext: 4140  
Fax No: 0171 830 2178

KJP/KB/213147

11 July 1995

Dr Toag  
Kentish Town Health Centre  
2 Bartholomew Road  
London  
NW5 2AJ

Dear Dr Toag

Re: Angus STEWART DoB: GRO-C 38  
GRO-C London GRO-C

This man, with severe phenotype type 1 von Willebrand's Disease, attended the Haemophilia Centre today for a routine review. He has continued to use Haemate P twice weekly on Mondays and Fridays as a prophylaxis. Since using this regime with Haemate P he has had almost no bleeding problems. His only problem is minimal epistaxis on occasions. His von Willebrand's Disease therefore appears to be under relatively good control at present. He has numerous other medical problems, notably a previous renal stone which was treated by lithotripsy. His urological problems now focus upon hesitancy, poor stream and terminal dribbling suggestive of prostatic hypertrophy. He is due for a prostatic ultrasound scan in the near future for consideration of future treatment. He is also followed regularly by Dr Lipkin (Cardiologist) for continuing chest pain. He is due to be reviewed in August. It may well be that he needs angiography at this point to establish the underlying pathology. Apart from his cardiological and urological problems he has relatively few other general health issues though is on quite a collection of drugs, notably co-amilofide, prazosin, a diuretic, atenolol, analgesics as required and iron sulphate for iron deficiency anaemia secondary to continued long-term blood loss.

He continues to drink quite a lot (30 units of alcohol per week or more) but is cutting down. He is now retired and performs a lot of community work and finds this quite rewarding.

On examination he weighed 131 kg and had quite mild spider naevi and liver palms. Examination was otherwise unrevealing.

continued...



Page 2 of 2

11 July 1995

Investigations in the near past have shown haemoglobin 11.6, MCV 67, white count 5.2, platelets 136, ALT 68, AST 69, CD4 count  $0.61 \times 10^9/l$ . He is immune to hepatitis B and hepatitis A following vaccination. He is hepatitis C RNA positive with a genotype 1.

We will continue to follow Angus with regard to his hepatitis C infection and I have again encouraged him to try and reduce his alcohol intake as this is obviously significant and can severely aggravate his hepatitis C infection. As mentioned above most of his problems now appear to be urological and cardiological and we would hope that we would be able to manage his von Willebrand's Disease through any associated procedures that might be required to deal with these individual problems.

He has a ferritin which is less than  $5 \mu g/l$  which runs with the low MCV. As a result he has been commenced on iron supplements and he should continue these for at least three months.

Yours sincerely

GRO-C

John Pasi

30-10-95

# REVIEW

NAME: STEWART Angus

HOSP NO: 213147

Haemophilia vwd Type 1

Age

GRO-C

38

HIV NEG

Occupation

HCV Type 1 RNAT.

## Haemophilia

Present treatment: Humate P.

Prophylaxis: 2x M + R1

Demand: 3000 u +

Pow scattered bleeds  $\Rightarrow$  caution

Annual use: Now free. No severe or recurrent episodes since.

Planned treatment:

Prophylaxis:

Demand:

Continue as above.

## FE - general health

Cardiology: Now great change w/ chest pain. Under review.  
Due for repeat exercise test.

Still claudicating. ET similar but now stopped by  
dyspnoea.

Urology: Enlarged prostate: on Indinavir,  $\alpha$  blocker.  
Seems to have improved urinary + flow.  
No further problems with calculi.

General healths OK.

**Transfusion Transmitted Disease:**

HIV

Medication

Indinavir 20mg bd  
Stopped protease  
inhibitors as  
previous

Hepatitis (Including vaccination)

HAV

pos

HBV

>100 u/dl.

HCV

Type 1

Social

Alcohol: now about 30 units alcohol/wk.  
Still continues to community work.

O/E

Height (children) =

Weight = 136kg.

Widespread small warty lesions - crust - then hard - flake away (?)  
Spider naevi, liver palms +.

C/S

RS

Abdo

} as previously

Conclusion

No change.

Plan

Refer dermatology re warts.

GRO-C

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



Royal Free Hospital

**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

Director: Dr Christine A Lee MA MD FRCP FRCPath

Consultant: Dr K John Pasi MB PhD MRCP MRCPPath

Senior Lecturer: Dr David J Perry MD PhD MRCP MRCPPath

Tele No: 0171 830 2068 Ext: 4140

Fax No: 0171 830 2178

Dr Toag  
Kentish Town Health Centre  
2 Bartholomew Road  
London  
NW5 2AJ

Dear Dr Toag

Re: **Angus STEWART DoB: GRO-C38**

GRO-C

London

GRO-C

This chap, with severe phenotype type 1 von Willebrand's disease, came up to the Haemophilia Centre recently for a review. He has been treating himself regularly on a twice weekly basis with 3000 units of Haemate P. This has been very effective in reducing his bleeding episodes. He has had a few scattered bleeds but has not had any bleeds of significance since swopping to Haemate P from BPL8Y. He feels that things have improved dramatically. We would plan to continue with his present regime of twice weekly prophylaxis with Haemate P at present. With regards to his general health there has really been no great change. His chest pain remains under cardiological review as does his claudication. His exercise tolerance remains approximately the same, but now rather than being stopped by claudication he is stopped by breathlessness. He has a long history of prostatic symptoms and is now managed on an alpha 1 blocker indoramin which seems to have improved his hesitancy and flow. He continues to drink about 30 units of alcohol per week and continues with his community work.

On examination he weighed 136 kg. Apart from scattered small warty lesions on his skin there were no new physical signs of note. Routine investigations showed: haemoglobin 9.6, MCV 68, platelet count 146, white count 6, AFP 5, ALT 96, AST 124 u/l, Gamma GT 118 u/l, elevated urate at 0.66 mmol/l, hepatitis B surface antibody positive greater than 100 u/l, CD4 count  $0.75 \times 10^9/l$ .

Angus remains generally reasonably well. I have again tried to encourage him to reduce his alcohol intake as it still remains significant and will aggravate his liver function. He clearly continues to have a low MCV with a low iron and he should therefore continue on iron sulphate indefinitely.

Yours sincerely

GRO-C

John Pasi

26-296

## REVIEW

NAME: STEWART, Angus

HOSP NO: 213147

Haemophilia VWD : I - 3bp del hys. Age GRO-C 36  
Ex 28.

HIV NEG

Occupation

HCV Pos Type 1

### Haemophilia

Present treatment: Harnato P.

Prophylaxis: N + Thw

Mucosal epistaxis

Demand: 3000u

Annual use:

Planned treatment:

Prophylaxis:

Continue as above.

Demand:

### FE - general health

Cardiology: Increasingly SOB with some exertional chest pain. Not clearly angina. No orthopnea, PND, S4.

Due for review + Ex. test → bring forward if poss.

Claudication - less of a problem as SOB!

Urology: Stream poor, but no terminal dribbling. Regular, less consistent.

General health: no major problems other than knee pain

→ awaiting w/!

**Transfusion Transmitted Disease:**

HIV

Medication

Indinavir 200mg bid  
Zidovudine

Hepatitis (including vaccination)

HAV pos

HBV pos

HCV Type 1 ALT 96 AST 124

Social

Alcohol: remains on 30-40 u/week

O/E

Height (children) =

Weight = 136<sup>7</sup>

Cvs: had

ES: for basal crackles

Abdo: no change

Conclusion

1. Main problem SOB/ chest pain
2. VWD controlled

Plan

1. Hb 9 (12p) arrange 200 top up
2. CXR
3. Cardiology

GRO-C

58

8/12

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**  
Director: Dr Christine A Lee MA MD FRCP FRCPath  
Consultant: Dr K John Pasi MB PhD MRCP MRCPath  
Senior Lecturer: Dr David J Perry MD PhD MRCP MRCPath

Tele No: 0171 830 2068 Ext: 4140  
Fax No: 0171 830 2178

KJP/KB

28 February 1996

Dr Toag  
Caversham Group Practice  
Kentish Town Health Centre  
2 Bartholomew Road  
London  
NW5 2AJ

Dear Dr Toag

Re: Angus STEWART DoB: GRO-C 38

GRO-C

London

GRO-C

This man, with von Willebrand's disease, came up to the Haemophilia Centre recently for review. His von Willebrand's disease is well controlled on twice weekly prophylaxis with Haemate P and he is only having minor troublesome epistaxis. His major problems focus around breathlessness on exertion and some exertional chest pain. This is under cardiological review and he is due to have a further exercise test. His next cardiology review is not until July and I have sought to try and bring this forward as this is now his major problem. Notably his symptoms have worsened significantly over the last couple of months and he is obviously getting quite depressed about it.

His breathlessness may in part be aggravated by a persistent anaemia of around 9 and I have arranged for him to have a 2 unit top-up transfusion in the near future. He remains significantly iron deficient and remains on iron supplements, and we have encouraged him to continue to take these. His ferritin is still only just in the normal range. He should remain on iron supplements indefinitely at present.

He continues to drink around 40 units of alcohol per week and his liver function tests remain abnormal. We will obviously keep an eye on these in his ensuing visits.

Yours sincerely

GRO-C

John Pasi

18/11/96

REVIEW

NAME: Angus STEWART SNA.

HOSP NO:

Haemophilia, vWD - now classified as  
type 2M

Age GRO-C 38

HIV NEG.

Occupation

HCV 1 RNA+

Haemophilia

Present treatment: Doing quite well w  
vws. Few epistaxis. Easy bruising

Prophylaxis: 3000u 2x weekly.

Demand:

Annual use:

Planned treatment:

Prophylaxis:

Demand:

Continue as above.

FE - general health

1. Cardiology: Still under review for SOB + chest pain.  
Main recommendation - loose weight.
2. Investigation of fit test: on fit supps now regularly.  
Endoscopy nad. Suspect all due to  
bleeding, but check endoscopy.
3. Low neck pain? muscular? related to osteoarthritis f/s to old endoscopy.



Transfusion Transmitted Disease:

HIV

Medication

Favours Sulphate 200mg tds.  
Atridol.  
Diltizam  
Co-amandic  
Indavarin

Hepatitis (including vaccination)

HAV Ab +.

HBV Pos. Ab +.

HCV AbIs : 50-100.

Social

Reduced alcohol to 10-15u/week.

O/E

Height (children) =

Weight = 132<sup>6</sup>kg,

No L/NS. Mild ankle oedema.

Cvs : ncd

RS : clear

Abdo : ncd.

Conclusion

↑ Co-amandic 2 tabs 2x daily Main prob weight

TFTs. Fambis. C<sup>13</sup> Breath test.

Plan

1. See Rachel/dietician
2. Colonoscopy
3. Should be on regular ranitidine

4. Liver referral.

5. See regularly for weight checks  
6/52.

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



Royal Free Hospital

HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

Director: Dr Christine A Lee MA MD FRCP FRCPath

Consultant: Dr K John Pasi MB PhD MRCP MCPCH MRCPath

Senior Lecturer: Dr David J Perry MD PhD MRCP FRCPath

Tele No: 0171 830 2068 Ext: 4140

Fax No: 0171 830 2178

E-mail: kjp@GRO-C

20 November 1996

Dr Malik  
Caversham Group Practice  
Kentish Town Health Centre  
2 Bartholomew Road  
London  
NW5 2AJ

Dear Dr Malik

Re: Angus STEWART DoB: GRO-C38

GRO-C

London

GRO-C

This man with type 2M von Willebrand's disease came up to the Centre today for follow-up. He treats his von Willebrand's disease with 3000 units of Haemate P twice weekly. This is fairly successful and he only has a few epistaxes. His main problems relate to his general health. He is under regular cardiological review for breathlessness and chest pain. The main recommendation has been for him to lose weight to try and deal with some of these problems. He is also being continually investigated for iron deficiency anaemia and he is now on regular iron supplements. Investigation including an upper GI endoscopy has so far been unrevealing. One suspects that his iron deficiency anaemia may be due to chronic bleeding related to his von Willebrand's disease but this clearly needs to be a diagnosis of exclusion following colonoscopy. He continues to take a combination of ferrous sulphate, atenolol, diltiazem, co-amiloride and indoramin. He has reduced his alcohol intake to 10-15 units per week.

On examination, apart from mild ankle oedema there were few physical signs. He now weighs 133 kg.

Angus's main problem at the moment is weight and he needs to lose a significant amount of weight to improve his breathlessness and chest pain. I have suggested that he sees our Dietician for dietary advice, and that we see him regularly to see if this is making any improvements. I will organise a colonoscopy for him to exclude lower GI bleeding. Following his recent endoscopy he should be on regular ranitidine because of chronic gastritis. We will see him again in six weeks time for review.

Yours sincerely

GRO-C

John Pasi

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

Director: Dr Christine A Lee MA MD FRCP FRCPath  
Consultant: Dr K John Pasi MB PhD MRCP MCPCH MRCPath  
Senior Lecturer: Dr David J Perry MD PhD MRCP FRCPath

Tele No: 0171 830 2068 Ext: 4140

Fax No: 0171 830 2178

E-mail: kjp@GRO-C

KJP/KB/213147

20 November 1996

Dr Prem Mistry  
Liver Unit  
RFH

Dear Prem

Re: Angus STEWART DoB: GRO-C38  
GRO-C London GRO-C

I would be grateful if you could see this man in the Liver Clinic who has type 1 hepatitis C infection. He is HCV RNA positive with ALTs running in the range of 50-100. He has in the past drunk quite heavily, of the order of 40 units+ per week but has now reduced this to 10-15 units per week. He has numerous other problems focusing on breathlessness on exertion and chest pain for which he is under regular cardiological review. However, I think he would appreciate the opportunity to consider his hepatitis C infection and where we should take this at present.

Kind regards.

Yours sincerely

GRO-C

John Pasi

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG

TELEPHONE 0171 794 0500



Royal Free Hospital

THE HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT  
Director: Dr Christine A Lee MA MD DSc(Med) FRCP FRCPath  
Consultant: Dr K John Pasi MB PhD MRCP MCPCH MRCPath  
Senior Lecturer: Dr David J Perry MD PhD MRCP FRCPath

TEL: 071 830 2068 - Ext 5317  
FAX No: 071 830 2178

Out of hours: 071 794 0500 bleep 811

PM/gs/213147

16 December 1996

GP Dr Malik  
Caversham Health Centre  
2 Bartholomew Road  
LONDON NW5 2AJ

Dear Dr Malik,

The Combined Liver/Haemophilia Clinic - 16th December 1996

Patient: Angus STEWART (Snr) DOB: GRO-C38  
GRO-C London GRO-C

Diagnosis: 1. Von Willebrand's Disease  
2. Chronic Hepatitis C (genotype-1, exposure 1980)  
3. Ischaemic Heart Disease  
4. Antral Gastritis

Mr Stewart's alcohol intake is rather heavy and he is experiencing hepatic pain usually after binge of alcohol on Sundays. He is grossly obese weighing over 140 kg. His liver function tests are deranged with AST 104 u/l, ALT 75 u/l and GGT 131 u/l. Surprisingly he has striking hyper-gammaglobulinaemia with IGG level of up to 35 gm/l (normal 8-18). Thus his liver disease appears to be multifactorial due to chronic hepatitis C, excessive alcohol consumption and steato-hepatitis against a background of gross obesity. In view of very high IGG levels it is possible that there may be an auto-immune component. His auto-antibody status has been checked as well as HCV genotyping and quantitation. CT scan of the liver has been arranged to assess hepatic fatty infiltration. With regard to chronic hepatitis C, unfortunately, we are unable to recommend combination therapy due to presence of ischaemic heart disease.

Mr Stewart has been strongly advised to reduce alcohol intake and to reduce weight. He will be reviewed again after two months.

Yours sincerely

GRO-C

Dr Prem Mistry  
Senior Lecturer/Hon Consultant Physician

Christine Lee

**HISTORY SHEET**

Hospital No.

213147

M/F

Surname

STEWART (Snr)

M/S/W

First Names

Angus

D. of B.

GRO-C/38

Liver Clinic

DATE

CLINICAL NOTES (Each entry must be signed)

16.12.96

**Special Combined Clinic – 16<sup>th</sup> December 1996****Consultants: Dr David Patch - Consultant Hepatologist****Professor Christine Lee - Consultant Haematologist**

Mr Angus Stewart's alcohol intake is rather heavy and he is experiencing hepatic pain usually after binge of alcohol on Sundays. He is grossly obese weighing over 140 kg. His liver function tests are deranged with AST 104u/l; AST 75u/l; and GGT 133u/l. Surprisingly, he has striking hypergammaglobulinaemia with IGG level of up to 35gm/l (normal range: 8-18). Thus his liver disease appears to be multifactorial due to chronic hepatitis C, excessive alcohol consumption and steato-hepatitis against a background of gross obesity. In view of very high IGG levels, it is possible that there may be an auto-immune component. His auto-antibody status has been checked as well as HCV genotyping and quantitation. CT scan of the liver has been arranged to assess hepatic fatty infiltration. With regard to chronic hepatitis C, unfortunately, we are unable to recommend combination therapy due to presence of ischaemic heart disease.

Mr Stewart has been strongly advised to reduce alcohol intake and to reduce weight. We will review him again in two months.

13.1.97

**Examination:** CT Abdomen  
CT Liver with Contrast

**Date of Exam:** 3<sup>rd</sup> January 1997

**Procedure:** CT axial scans were performed through the liver, pre- and post- intravenous contrast.

**Findings:** The liver is of slightly decreased attenuation suggestive of a degree of fatty infiltration. No evidence of intra- or extra- hepatic biliary dilatation. The pancreas is slightly atrophic but no focal abnormality is seen. There is mild splenomegaly with the spleen measuring 14cm in its maximum longitudinal diameter. There is no evidence of ascites or varices. Two small cysts are noted on the right kidney.

**Conclusion:** Suggestion of some degree of fatty infiltration with mild splenomegaly but no other stigmata of chronic liver disease.

Continued....

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



THE HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT  
Telephone: 0171-830 2068  
Fax No.: 0171-830 2178

Mr Angus Stewart Snr

GRO-C

London,

GRO-C

3rd December 1997

Dear Mr Stewart,

It is our practice to keep you informed of issues that relate to haemophilia care. You may have heard or read about CJD and the concerns that the agent causing this may be transmitted by blood transfusion and blood products. **At the present time there is no evidence for this.** The basis for scientific speculation is that the new form of CJD (new variant CJD) infects the lymphocytes, a type of white cells which are found in the blood. Blood products used for the treatment of inherited bleeding disorders do not contain white cells.

As a consequence of these concerns, and as a precautionary measure, there have been two recent recalls of BPL Factor VIII batches because it was found that "a donor had not met the current health requirements for CJD".

According to our records, you have never been treated with these batches.

What is known about the transmission of the new variant CJD to humans is that it has probably arisen from ingestion of beef products containing the agent responsible for BSE in cattle. The medical and scientific issues are complex. We will ensure that we keep them under close review, as new information becomes available, so that we may keep you fully informed. In the meantime, if you have any concerns you wish to discuss, in the first instance please contact one of the nurses at the Centre on 0171 830 2557.

Yours sincerely,

Professor Christine Lee  
Director

Dr John Pasi  
Consultant

Dr David Perry  
Senior Lecturer

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

**Director:** Professor Christine A Lee MA MD DSc (Med) FRCP FRCPATH

**Consultant:** Dr K John Pasi MB PhD MRCP MRCPATH FRCPCH

**Senior Lecturer:** Dr David J Perry MD PhD MRCP FRCPATH

**Tele No:** 0171 830 2068

**Fax No:** 0171 830 2178

**E-mail:** kjp@GRO-C

KJP/KB/213147

4 February 1998

Clinic: 2 February 1998

Dr Malik  
Caversham Medical Centre  
2 Bartholomew Road  
London  
NW5 2AJ

Dear Dr Malik

**Re: Angus STEWART DoB:** GRO-C38

GRO-C

London

GRO-C

This man with type 2M von Willebrand's disease came up to the clinic today. We have not seen very much of him over the last year but he has been reasonably well. However, there are a number of areas that seem to have become a little frayed over this time and we need to see him more regularly in the clinic, particularly his treatment regime has changed and we need to bring him back into his routine prophylactic therapy. I have arranged to see him again in two months time but we will be seeing him again later this week because of a problem with persisting diarrhoea and perianal bleeding.

Yours sincerely

GRO-C

John Pasi

# REVIEW

2<sup>nd</sup> FEB 1998

NAME: Angus Stewart SNR.

HOSP NO: 213147

Haemophilia Type 2M

Age

HIV NEG.

Occupation

HCV Type 1

## Haemophilia

Present treatment: Was on 2x wely prophyl.  
Now ↓ to 1000 wely. No major bleeds  
but recently claustrated ++ & terminal  
Annual use: Bleeding from fissure.

Prophylaxis:

Demand:

- Intestinal injury and last 10/7

Planned treatment: NO nausea - ass. &

Prophylaxis:

Demand:

"food poisoning" partly helped by Radin  
from chemist

## FE-general health

Cardiology / Urology : Annual review

: Symptoms essentially unchanged.

Re defn : didn't have colonoscopy.



## Transfusion Transmitted Disease

HIV

/

Hepatitis (including vaccination)

HAV

HBV

HCV Type 1. No R<sub>0</sub> because of HAD/WT.

Social

No change.

O/E

Height (children) =

Abdo inact

Medication

Envas sulphate

Atorvastatin

Diltiazem

Co-amoxiclav

$\alpha$ -blocker for

hypertension symptoms.

Conclusion

1. Plan follow up  $\rightarrow$  see 2/12.
2. Check all bloods esp fbc.
3. 3000u b12 vwf.

Plan

4. Review in 3m for diarrhoea.

- symptoms settling but review if persistent blood loss.

GRO-C

169

# HISTORY SHEET

Hospital No.

Surname

First Names

D. of B.

M/F

M/S/W

Angus Steen

DATE

CLINICAL NOTES (Each entry must be signed)

2/2

ACT 91  
AST 102.  
RGT 108.  
Ca<sup>2+</sup> 2.85.

PT 148  
ACT 30.7.

Hb 14.8 / 4.2 / 98  
3.2. 2/2/98.

Hep C Type I

Dx VWD - Haemate P.

plts 105 - 3/11/97

plts 117 - 22/4/98

atenolol 100g  
↓ - may 97.  
Sung

1000 - on demand.

Rx: 3,000 x 3 = ideal. - but he's not seen doing this

HPE: bleed in stool. - from 27<sup>th</sup> Jan.  
several days.

Rx 3,000. extra today!!!

aspirin only, taken 3,000 daily/week.

bleeding PR - on/off for years.

(hypertensive - on atenolol)

but diarrhoea rare (remember eating a stodgy pickled onion!!)

160  
100

Paul: - stool - 5 m. clots.

- dipstick → + for stool.

? bleeding : hypertensive

+ only x1 w/ prophylaxis

but no other bleeding.

- repeat BP - ? D/w lipin ↑ atenolol.

needs new appt.

- codeine plus for diarrhoea.

- ? why on Fe2+. Hb ↑ ? polycythaemia.

70

bleeds down to 14.8 g/dl.  
p/lts slowly drifting down.

? HCV related.

or if vwd II - stress mediated  
consumption via hit abnrm  
VWF

- review Thurs - for 2nd 3,000 u.  
→ re-check

- stool
- BP
- & FBC.

Fr  
6/2/98

repeat BP 140/95.

Results: PT 14.8 / APTT 30.7.

↑ Ca<sup>2+</sup> 2.65

Hb 14.8 / 4.7 / 98  
3.2

stool culture: neg.

GRO-C

8/1

15.4.98. Generally better.

No diarrhoea or bleeding

Last plt count 86!

Symptoms otherwise unchanged

Hip + knee pains ⇒ XR

check abdo up particularly spleen/liver size.

See 2/12.

Stop Fc. Sa. Lpl

GRO-C

## HISTORY SHEET (Continuation)

Hospital No.

Surname STEWART

First Names AUGUS

DATE

(Each entry must be signed)

23/4/98

VWD Type 2M.

Fibr 20%.

(12) knee bleed.

Spontaneous.

o/E. swelling  
+ smooth.

overweight +.

↓ range of movement.

HAGMATP

Rx 489. 50 in/kg.

To repeat tomorrow

Review on Monday at rx.

GRO-C

y 81.

17.6.98 No great change.

Still low pain in knees o swelling.  
XRS look broadly ok.

⇒ left ortho done

1/2 intermittent bright red blood PR.

Responds to Q but reverts.

Prev. known to have fissures

Pres 5/7 R FBC today

Raim 1/2.

Caution Lx then if not reduced.

GRO-C

**Orthopaedic Department Continuation Sheet.....**

**Angus STEWART (Snr) RFH 317986 - DOB: GRO-C38**

17.9.98

**Combined Orthopaedic/Haemophilia Clinic - 17/9/98 Goddard/Lee**

Mr Angus Stewart (Snr) has a little discomfort related to both Knees which I think is, probably, just due to some early wear and tear. Objectively, he has an excellent range of motion of his hips and knees, there is minimal crepitus on either side and his X-rays are essentially normal.

I have advised him to lose some weight. He is going to have a short course of physiotherapy. For review SOS.

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



Royal Free Hospital

THE HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT  
Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath V H S TRUST  
Consultant: Dr K John Pasi MB PhD FRCP MRCPATH FRCPC  
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath

TEL: 0171 830 2068 - Ext. 5317  
FAX No: 0171 830 2178

Out of hours: 071 794 0500 bleep 811

NG/gs/317986

17th September 1998

GP Dr Malik  
Caversham Health Centre  
2 Bartholomew Road  
LONDON NW5 2AJ

Dear Dr Malik,

Combined Orthopaedic/Haemophilia Clinic - 17th September 1998

Consultant: Mr Nicholas Goddard - Consultant Orthopaedic Surgeon  
Professor Christine Lee - Consultant Haematologist

Patient: Angus STEWART (Snr) DOB: GRO-C 38  
GRO-C London GRO-C

Report:

I saw Mr Angus Stewart (Snr) in the Combined Orthopaedic/Haemophilia Clinic on 17th September 1998. He has a little discomfort related to both Knees which I think is, probably, just due to some early wear and tear. Objectively, he has an excellent range of motion of his hips and knees, there is minimal crepitus on either side and his X-rays are essentially normal.

I have advised him to lose some weight. He is going to have a short course of physiotherapy. For review SOS.

Yours sincerely

GRO-C

Mr Nicholas Goddard  
Consultant Orthopaedic Surgeon

Professor Christine A Lee  
Consultant Haematologist

14.10.98

REVIEW

NAME: STEWART Angus

HOSP NO: 213147

Haemophilia 2M vWD.

Age

HIV NEG.

Occupation  
ltd.

HCV Pos, Abnormal LFTs.

Haemophilia

Present treatment: On 2x weekly Humate P      Prophylaxis:

- no major bleeds.

Demand:

- only occ PR bright red blood from

Annual use: haemorrhoids.

Planned treatment:

Prophylaxis:

Demand:

FE-general health

Not too bad at present.

IHD/SOB symptoms - unchanged.

Knee pain → OA → not yet had physio

Wology K&A

Nil new otherwise.

Transfusion Transmitted Disease

**HIV**

Medication

Diditagen  
Co-amalgide  
& Blocker  
Atendol.

Hepatitis (including vaccination)

**HAV**

**HBV**

HCV ALT 100+. Not a candidate for  $\alpha$ IFN / Ribavirin.  
LFTs variable as seen. Carb. alcohol

Social

No change.

Hev  
Stomatosis

O/E

Height (children) =

Weight =

Conclusion

1. Essentially stable. Really must try to lose weight  
- OA, HTD + liver disease.

No other clear interventions at present.

Plan

If LFTs remain worse? refer back to  
liver clinic for further suggestions?

3/12

GRO-C



ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



Royal Free Hospital

**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

**Director:** Professor Christine A Lee MA MD DSc (Med) FRCP FRCPath

**Consultant:** Dr K John Pasi MB PhD FRCP MRCPPath FRCPCH

**Senior Lecturer:** Dr David J Perry MD PhD FRCP FRCPath

Tele No: 0171 830 2068

Fax No: 0171 830 2178

E-mail: kjp@GRO-C

KJP/KB/213147

15 October 1998

Clinic: 14 October 1998

Dr Malik  
The Caversham Medical Centre  
4 Peckwater Street  
Kentish Town  
London  
NW5 2UP

Dear Dr Malik

**Re: Angus STEWART DoB:** GRO-C38

GRO-C

London

GRO-C

This man with type 2M vWD came up to the clinic today. Over the last three months there has really been little change in his general state. He continues on prophylaxis with Haemate P and has had no major bleeding problems. His follow-up in the Department of Cardiology and by the Orthopaedic Surgeons remains in place. I understand that his knee pain has been put down to osteoarthritis. He is due to have some physio but has not yet managed to organise this.

Essentially he is relatively unchanged. One of the main things that Angus could do is try and lose some weight and we discussed this again today but this may be something that we don't actually achieve. We will see him again in a further three months time.

Yours sincerely

GRO-C

John Pasi

## HISTORY SHEET

Hospital No. 213147  
Surname Stewart  
First Names Angus  
D. of B.

M/F  
M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

8.1.99 I have written a letter informing that batch 6406641 has been withdrawn by Censcon the manufacturers of haemate P.

It has probably been totally used because it was in use over a year ago.

A donor contributing to the pool of plasma in the US had CJD. It is FDA policy to withdraw such batches.

No patient with haemophilia in US or UK to date has developed either CJD or vCJD.

To discuss at next consultation.

GRO-C

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
Consultant: Dr K John Pasi MB PhD FRCP MRCPath FRCPath  
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath

Tele No: 0171 830 2068  
Fax No: 0171 830 2178  
E-mail: lee@ GRO-C

CAL/MJ/213147

12 January 1999

Mr Angus Stewart

GRO-C

London

GRO-C

Dear Mr Stewart

RE: HAEMATE P

I am writing to inform you that a batch of Haemate P - no 6406641- has now been withdrawn by the manufacturers Centeon. This was a batch that was in use over a year ago and I think therefore, it is unlikely that there any left. We will be happy to discuss this further at your next review but of course, do feel free to communicate before then, if you would like to speak with us.

Yours sincerely

GRO-C

Christine Lee  
Professor of Haemophilia

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath

Consultant: Dr K John Pasi MB PhD FRCP MRCPath FRCPath

Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath

Telephone No: 0171 830 2068

Fax No: 0171 830 2178

E-mail: lee@GRO-C

28 January 1999

Mr Angus Stewart

GRO-C

London

GRO-C

Dear Mr Stewart

We hope you may be able to help us with some research. We are studying the occurrence of fatigue in individuals with inherited bleeding disorders. We hope that you would be able to complete the enclosed questionnaire, which will take about 45 minutes. It is important for you to know that the information obtained will be looked at anonymously.

We do hope you may be able to find the time to participate and we will certainly let you know the results of the questionnaire eventually.

Yours sincerely

GRO-C

Christine Lee  
Professor of Haemophilia

Enc

2/2/99

## REVIEW

NAME: STEWART Angus

HOSP NO: 213147

Haemophilia 2M vWD

HIV Neg

HCV Type 1 HCV

Age

GRO-C 38

60y

Occupation

Manager BT

Cable engineer

Retired

### Haemophilia

Present treatment:

23 June 1994 8y changed to  
hemate P for prophylaxis.  
i. 5y.

Annual use:

↓ epistaxis.

Planned treatment:

Prophylaxis:

3000u x 2

Demand: weekly.

Prophylaxis:

Demand:

### FE-general health

Has been in bed i bad back + knees.

urate 58 (NR 10-40) 22/10/98 Δ. gout by Dr Karen Murphy

Rx allopurinol daily ? 100mg.

Responded to Rx - no further trouble i toe.

\* Had appt. i cardiologist Nov 99 - but was post, 12oned. Reactive. Lipkin.

• On water tablet + heart tablet + prostrak tablet.  
as prescribed

• Due to be reviewed by Mr Kaisary 16/2/99 - has  
prostatic symptoms, but flow OK at present.<sup>81</sup>

• Reviewed at orthopaedic clinic Sept 98 -> physio.

Transfusion Transmitted Disease

HIV

Neg

Medication

Hepatitis (including vaccination)

HAV POS (vaccinated)

HBV 14/10/98 83 IU/L (vaccinated)

Date of infection 1980, type 1

HCV 17/12/96 77 x 10<sup>6</sup>

Was reviewed by Dr Mistry 16 Dec 96.

Social Advised ↓ alcohol (which he has done)

↓ not  
No Rx possible ∴ IHD.

AST 88 ALT 74

\* Keep under annual  
review at liver clinic

O/E

Height (children) =

Weight = 140 kg

Conclusion

1. Continue on haemate P 3000u x 2 weekly
- \* 2. Appt. to cardiologists.
- \* 3. Review liver clinic
4. Check glucose / urate

Plan

Urine -  
glucose

? needs referral  
to diabetic  
doctor.

ly CAZ

Dr Heath is G.P.

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

**Director:** Professor Christine A Lee MA MD DSc (Med) FRCP FRCPath

**Consultant:** Dr K John Pasi MB PhD FRCP MRCPPath FRCPath

**Senior Lecturer:** Dr David J Perry MD PhD FRCP FRCPath

**Tele No:** 0171 830 2068

**Fax No :** 0171 830 2178

**E-mail :** lee@GRO-C

CAL/ml/213147

3 February 1999

Dr Heath  
Caversham Medical Centre  
2 Bartholomew Road  
London NW5 2AJ

Dear Dr Heath

Re **Angus STEWART** (GRO-C38)

GRO-C

London

GRO-C

This 60 year-old man, who was a manager of BT and worked as a cable engineer, but is now retired came for his review on the 2nd of February. He is HIV negative and infected with type I hepatitis C. He is treated with prophylaxis with Haemate P 3000 units x 2 weekly which he self-infuses.

On functional enquiry, he has recently been in bed with a bad back and knees. He was diagnosed with gout on the 22nd of October 1998 and had a raised urate of 58 (normal range 10-40). He is now on a daily tablet of Allopurinol which he thinks is 100 mg in dose. He has had no further trouble with his big toe since the initiation of that therapy. He also has ischaemic heart disease and is supposed to be under regular review with the cardiologists, but this seems to have gone amiss and I will reactivate his appointment with Dr Lipkin. He also has prostate trouble and he is under review with Mr Kaisary and has an appointment on the 16th of February. Apparently whilst his flow is adequate, Mr Kaisary is reluctant to intervene. He was last reviewed at the Orthopaedic clinic in September of last year when he was advised physiotherapy and also to lose weight.

He has got antibody to hepatitis A and antibody to hepatitis B. He is infected with type I hepatitis C with a viral load of  $77 \times 10^6$ . He was reviewed by Dr Mistry in the joint liver clinic on the 16th of December 1996 when he was advised to reduce his alcohol intake which he has done and to reduce his weight. It was not possible to give him treatment for his hepatitis C in view of his ischaemic heart disease. He has raised transaminases.

**Angus STEWART**

Thus in conclusion, he will continue on self-prophylaxis with Haemate P 3000 units x 2 weekly. I will reactivate his follow-up with Dr Lipkin for his heart. We will review him in the liver clinic and I am checking his blood and urinary glucose today as well as a urate. We will see him in a year's time.

Yours sincerely

GRO-C

Christine A Lee  
Professor of Haemophilia



**WRITTEN CONSENT FORM:**

Title of research proposal: Risk of fatigue and chronic fatigue syndrome  
in patients with bleeding disorders

REC Number: P/98/083

Name of Patient/Volunteer: Mr A Stewart

Address:

GRO-C

London

GRO-C

- The study organisers have invited me to take part in this research.
- I understand what is in the leaflet about the research. I have a copy of the leaflet to keep
- I have the chance to talk and ask questions about the study
- I know what my part will be in the study and I know how long it will take.
- I understand that I should not take part in more than one study at a time.
- I know that the local East London and The City Health Authority Research Ethics Committee has seen and agreed to this study.
- I understand that personal information is strictly confidential: I know the only people who may see information about my part in the study are the research team.
- I consent to the research team having access to my medical notes
- I freely consent to be a subject in the study. No-one has put pressure on me.
- I know that I can stop taking part in the study at any time.
- I know if I do not take part I will still be able to have my normal treatment.
- I know that if there are any problems, I can contact:

Royal London Hospital ( 0171-377-7455, bleep GRO-C )

Stephanie De Lord  
Cathy Woosey  
Sheila Hayden

Royal Free Hospital ( 0171-830-2068, bleep GRO-C )

Chris Harrington

St. Bartholomew's Hospital ( 0171-601-8138, mobile GRO-C )

Dr Mark Weaver

GRO-C

Patient's/Volunteer's signature

Date: 3<sup>rd</sup> Feb 1999

(Please return this signed form with your completed questionnaire)

## HISTORY SHEET

Hospital No.

Surname

First Names

D. of B.

M/F

M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

27.4.99.

Coamilofide

Diltiazem

Atenolol

Allopurinol

Indoramin Long B.D.

VWD prophylaxis twice weekly

Feels he is PSOR.

No PND. Gets breathless walking to the loo (E proctolism<sup>+</sup>).

o/e: overweight!



No creps.

No peripheral oedema

CVS: / / No bruits.

Plan: CXR now

Early referral to Dr. Gough  
(Did not receive last appt)

GRO-C

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT  
Director: Professor Christine A Lee MA MD DSc (Med) FRCP FRCPath  
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath  
Tele No: 0171 830 2068  
Fax No: 0171 830 2178

KM/kb/213147

5 May 1999

Dr G Coghlan  
Consultant Cardiologist  
RFH

Dear Dr Coghlan

Re: **Angus STEWART** DoB: **GRO-C** 8  
**GRO-C** **London** **GRO-C**

I recently saw Mr Stewart in the Haemophilia Department on 27.04.99. He at that time was complaining of feeling increasingly short of breath although he denies any paroxysmal nocturnal dyspnoea. He claimed that he did not receive an official outpatient appointment for your clinic and hence he did not attend on 01.04.99. He remains as before excessively overweight. His medication includes co-amalaride, diltiazem, atenolol, allopurinol and indoramin. He continues to take his prophylaxis with Haemate P 3000 units twice weekly which he self-infuses. He denied any chest pain or tightness.

On examination he was overweight as above. There was no evidence of fluid overload and respiratory examination was normal. There were no audible bruits and no audible peripheral oedema. A chest x-ray performed the following day did not show any evidence of fluid overload. As before we have reiterated that he should lose weight. However, I would be grateful if you could send him a repeat appointment to review his cardiac medication.

Yours sincerely

**GRO-C**

Dr Karen Murphy  
Locum Consultant

cc: Dr Malik (GP)  
Caversham Group Practice

27 SEP 1999

REVIEW

NAME:

213147

HOSP NO:

Surname :  
STEWART  
Forename :  
ANGUS MR.

Haemophilia

vWD Type 2M

HIV Neg

Age GRO-C 38

6ly

Occupation

Retired.

HCV  $17 \times 10^6$  Type 1.

Haemophilia

Present treatment:

Prophylaxis:

Prophylaxis c haemate P  
3000u x 2 weekly.

Demand:

Annual use:

Can predict nose bleed.

Planned treatment:

Prophylaxis:

Demand:

FE-general health

Under Mr Kaisary re. prostate. Has appt. this month. Apparently has had two 'scans' + special blood test - no letter in notes.

Under Dr Loglan - ? may ultimately need angioplasty. Seeing him next week.

Transfusion Transmitted Disease

HIV

Medication

Neg

Hepatitis (including vaccination)

HAV POS

HBV 155

}  
Vaccinated

HCV Type 1 HCV  $77 \times 10^6$ .

Was referred to Dr Patch in Feb. -

Social ? no appt sent.

O/E

Height (children) =

Weight =

Conclusion

1. Problem  $\bar{c}$  coronary heart disease.  
?? needs angioplasty.
2. Problem  $\bar{c}$  prostate (under Kaisary)
3. Needs review liver clinic.

Plan

GRO-C

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 020 7794 0500



Royal Free Hospital

HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath  
Locum Consultant: Dr Karen Murphy MB BCH BAO MRCP MRCPPath

Tele No: 0171 830 2068

Fax No: 0171 830 2178

E-mail: lee@GRO-C

CAL/MJ/213147

7 September 1999

Dr Malik  
Caversham MC  
2 Bartholomew Road  
London NW5 2AJ

Dear Dr Malik

Angus STEWART - GRO-C 38

GRO-C

London GRO-C

I saw this 61 year old man with von Willebrand's disease on 7<sup>th</sup> September for his review. He is HIV negative but infected with type I hepatitis C. He uses prophylaxis with Haemate P 300 units twice a week to treat his von Willebrand's and is largely free of trouble on this regimen. He can predict a bleed and treats himself when he gets a runny nose, which largely stops major bleeding.

He is under Mr Kaisary regarding his prostate and he has an appointment this month for follow-up. Apparently he has had two scans and a special blood test, but we have not had a letter regarding this. He is also under Dr Cochlan for his coronary artery disease and it may be possible at some point in the future that he needs to have an angioplasty. However, he is considerably overweight and this presents with technical difficulties, not least of which the size and strength of the table.

He is HIV-negative, he has got antibody to hepatitis A and B, having been vaccinated. He is infected with type I hepatitis C and was referred for review to Dr Patch in February of this year, but doesn't seem to have had an appointment, so I shall chase this up.

Thus in conclusion, his major problem is his coronary heart disease, which is complicated by him being overweight and his von Willebrand's is under good control with regular prophylaxis with Haemate P.

Yours sincerely

GRO-C

Christine Lee  
Professor of Haemophilia

Cc Gillian Sutherland - has not had appointment since February referral - can you sort out?

INTERNATIONAL TRAINING CENTRE OF THE WORLD FEDERATION OF HAEMOPHILIA

27. 9. 99

Combined Liver/Haemophilia Clinic - 27<sup>th</sup> September 1999  
Dr David Patch/Professor Christine Lee

**Diagnosis:** Von Willebrand's Disease  
(Haemate Prophylaxis twice weekly)  
HCV Positive genotype-1 ( $77 \times 10^6$  Eq/ml)  
Query ? Angina

**Medication:** Haemate Prophylaxis  
Atenolol  
Nicorandil  
Cocodromol  
+ Query? Dieretic

We reviewed Mr Angus Stewart (Snr) in the Combined Liver/Haemophilia Clinic on 27<sup>th</sup> September 1999. His main problem is pains in the knees, as well as occasional lethargy and tiredness. His alcohol intake is still very high at 3 to 4 pints of lager per day over the weekend with also a substantial proportion of gin. His weight likewise remains excessive.

On examination he has feature of chronic liver disease with spider naevi and liver palm, but no evidence of hepatic ascites. An ultrasound would be of little benefit in that he almost certainly would have a fatty liver and this would be hard to interpret. This gentleman is very much living on borrowed time and we have no plans to consider treatment with antivirals.

He has an appointment to be seen in the combined clinic in twelve months time.

# HISTORY SHEET (Continuation)

DATE

(Each entry must be signed)

Hospital No.

Surname

First Names

213147

Anglin

Stewart

(Sencer)

7/9/99

LEIS

AFP: 7 ku/L

urate: 0.46

ALT: 68

AST: 88

Glucose [Random]: 7.0

Gammag-T: 53

CT Scan

21st May 98

27.9.99

HCV (77 x 10<sup>6</sup>). type 1.

P Von Willebrand

Angin

R

Haemorrhagic prophyllaxis

Alendrol  
nitrate (Nuroanin).

Loxodart.



DATE

(Each entry must be signed)

main problem is pain in knee.

occ lethargy + hiccups.

Record: 3-4 joints larger over ~~weekends~~ <sup>weekends</sup> per day over  
plus upto 1 litre fluid.

~~o/e~~

specimen x 3

? liver palm.

no results.

no point in WLS

↳ fatty liver ± pseudotumours

∴ Blood

12/12.

GRO-C

14/10/99

14/10/99

Haemophilus Contre

Attended with bleed (L) calf

Present x 1/52

now improved

minimal bruising on examination

normally takes prophylaxis M+F  
↑ for m/fw/f over last week

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 0171 794 0500



THE HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT  
Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath  
Dr Simon A Brown MB MRCP MRCPath

TEL: 0171 830 2806  
FAX No: 0171 830 2178

PAH/gs/213147/27th September 1999

GP - Dr Heath  
Caversham Medical Centre  
2 Bartholomew Road  
NW5 2AJ

Dear Dr Heath,

Combined Liver/Haemophilia Clinic - 27th September 1999

Consultants: Dr David Patch - Consultant Hepatologist  
Professor Christine Lee - Consultant Haematologist

Patient: Angus STEWART (Snr) RFH 213147 - DOB: GRO-C 8  
GRO-C London GRO-C

Diagnosis: Von Willebrand's Disease (Haemate prophylaxis twice weekly)  
HCV Positive genotype-1 ( $77 \times 10^6$  Eq/ml)  
Query ? Angina

Medication: Haemate P prophylaxis  
Atenolol  
Nicorandil  
Cocodramol + ? Dieretic

Mr Angus Stewart's main problem is pains in his knees, as well as occasional lethargy and tiredness. His alcohol intake is still very heavy at 3 to 4 pints of lager per day over the weekend with also a substantial proportion of gin. His weight likewise remains excessive.

On examination he has features of chronic liver disease with spider naevi and a liver palm, but no evidence of hepatic ascites. An ultrasound would be of little benefit in that he almost certainly would have a fatty liver and this would be hard to interpret. This gentlemen is very much living on borrowed time and we have no plans to consider treatment with antivirals.

He has an appointment to be seen in the Combined Liver/Haemophilia Clinic in twelve months time.

Yours sincerely

Dr David Patch  
Consultant Physician/Honorary Senior Lecturer

PP  
GRO-C  
Professor Christine A Lee  
Professor of Haemophilia

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 020 7734 0500



HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath  
Consultant: Dr Simon A Brown MB MRCP MRCPath

Tele No: 0171 830 2068  
Fax No: 0171 830 2178  
E-mail: lee@GRO-C

CAL/HB/213147

22nd March 2000

Dr Malik  
Caversham MC  
2 Bartholomew Road  
London NW5 2AJ

Dear Dr Malik

Re: Angus Stewart GRO-C1938

GRO-C

London

GRO-C

I saw Angus Stewart today for his review. He has von Willebrand's disease and he remains on treatment with Haemate P. He's now 62, he's retired and he is HIV negative but infected with Hepatitis C. He weighs 145kg. He is using 3000u Haemate P 3x every 2 weeks and this largely controls his nose-bleeds. However it would seem that he has probably been bleeding PR because his Haemoglobin taken a month ago was 8.6 with an MCV of 64. He admits to some frank red blood PR intermittently. We will check his Haemoglobin today aswell as cross-matching and he probably will need to have a blood transfusion because he is symptomatic with breathlessness. He has also been investigated recently with an angiogram under Dr Cockland, the consultant cardiologist because of chest pain. However he has reported that his ejection fraction is 70% with good LVF and that both coronary arteries are good. Thus he does not seem to have coronary artery disease. He is still complaining of chest pain and it's been suggested he may have some costochondritis. He's also complaining of pain on the medial aspect of his left knee. He hasn't been reviewed at the orthopaedic clinic for some time, and we will ask Mr Goddard to see him again, although I am quite sure that his considerable obesity does not help this problem. He is being reviewed by Mr Kaisary's team because of bladder-neck obstruction although they have stated that he clearly is a poor operative risk. He is due to have a flow rate performed in three month's time. Thus in conclusion, we will deal with the immediate problem of is anaemia and he will continue on prophylaxis Haemate P. We'll see him in the orthopaedic clinic regarding his left knee and he'll be reviewed by Mr Kaisary's team in due course.

Yours sincerely

GRO-C

Christine A Lee  
Professor of Haemophilia

**DEPARTMENT OF CARDIOLOGY**

**Consultant Dr G Coghlan**

SS/MCY/213147

13 April 2000

(Clinic 12 April 2000)

Dr M A Malik  
Caversham Group Practice  
4 Peckwater Street  
Kentish Town  
LONDON  
NW5 2UP

Dear Dr Malik

Re **Angus STEWART** dob **GRO-C38**  
**GRO-C** **LONDON** **GRO-C**

Diagnoses

1. von Willebrand's Disease
2. Hepatitis C
3. Hypertension

This 62 year old gentleman came for review following his recent angiogram which showed unobstructed coronary arteries. His symptoms of breathlessness and chest tightness may be coming from a combination of hypertensive heart disease and anaemia due to his von Willebrand's.

Currently he is on 50 mg of Atenolol for control of his blood pressure, as well as 40 mg of Frusemide. However, measuring it today, it is 160/100. I am adding 2 mg of Perindopril to start with, to try and control this better and I am requesting urea and electrolytes in 2 weeks' time. I would like to review him in 3 months to see how his blood pressure has been getting on, on this added medication.

Yours sincerely

**Dr Sylvia Siedlecka**  
**Specialist Registrar**

9 / v / 00

## REVIEW

NAME: Angus Stewart

HOSP NO: 213147

Haemophilia VWD Type 2M.

Age GRO-C 38

62y

HIV Neg

Occupation  
Retired.

HCV Pos

Haemophilia

Present treatment:

Prophylaxis:

- Found to be anaemic Mar. 00

Transfused 30

Demand:

On ferrous sulphate 200mg OD

Annual use: Due to have appt. Mon 19<sup>th</sup> June -  
Dr Hamilton gastro enterology

Check FBC today.

Planned treatment:

Prophylaxis:

- Due to see Mr Kaisary this  
week re prostate 12<sup>th</sup> May

Demand:

- Cardiac - catheterisation 2.2.00.

On antihypertensive, perindopril 2mg.

Says there cause diarrhoea. Took them

FE-general health

only 5 days 14<sup>th</sup> - 19<sup>th</sup> April.

Needs review of this.

- Haring tongue bleeds.

Haemate P 3000 u x 2 / week.

GP has had problems accessing  
tranexamic acid.

Transfusion Transmitted Disease

HIV

Neg

Medication

Hepatitis (including vaccination)

HAV POS 22.4.97

HBV 160 7/9/99

HCV

Was reviewed by Dr Patch 27/9/99  
last scan May 98 - NAD

Social

Type 1  $97 \times 10^6$  11/12/96

↑ alcohol  
intake

O/E

Height (children) =

Weight =

Conclusion

1. Continue 3000u x 2 weekly  
haemate P

2. Add tranexamic tablets +  
mouth wash.

3. To have appt. c Dr Kailary / Dr Hamilton  
12/v 19/v1

Plan

4. Check Hb (maintain on iron)

5. Cardiac opinion ? today re BP

GRO-C

98/12

1/III/00

1) Mr Kaisary has discharged  
To ↓ Alfuzozin to 10mg OD (let GP know)  
PFA 1:1 Good flow.

2) Now discharged from Dr Coghlan's  
Clinic. (cardiology)

3) Had upper + low GI endoscopy 20/VII/00

Two pedunculated polyps removed -  
(ileo-caecal region & descending colon)  
await histology.

On ferrous sulphate 200mg OD

Hb 9.5 mcv 65 9/5/00

No more bleeding.

Still on prophylaxis 3000 u x 2  
weekly

Check FBC + Ferritin.

3/12

GRO-C

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 020 7794 0500



**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath E-mail: Christine.Lee@  
Consultant: Dr Simon A Brown MB MRCP

Tele No: 0207 830 2068

Fax No: 0207 830 2178

GRO-C

CAL.jv.Hospital No. 213147

1 August 2000

Dr Malik  
Caversham Medical Centre  
2 Bartholomew Road  
London NW5 2AJ

Dear Dr Malik

Re STEWART Angus dob GRO-C 38

GRO-C

London

GRO-C

I saw this 62 year old man today 1 August. As you know he has von Willebrand's disease type 2M but he also has a number of health problems. He has been seeing Mr Kaisary, our Urologist because of bladder flow problems, however they have finished all investigations and are maintaining him on Alfuzozin 10 mg once a day. This dose has been reduced following his visit to the Urology clinic his PFA was 1.1 so he has now been discharged. He has also been discharged from the Cardiology Clinic. He had an upper and lower GI endoscopy on 20 July under Dr Mark Hamilton, two pedunculated polyps were removed one at the ileo-caecal junction and one at the descending colon and we are waiting the histology on these. He remains on Ferrous Sulphate 200 mg once a day. The last haemoglobin we had was 9.5 on 9 May 2000 when the MCV was 65. He thinks his bleeding has stopped but he remains on prophylaxis with Haemate P 3000 units twice a week. I am checking his haemoglobin and Ferritin today and will see him in three months time.

Yours Sincerely

GRO-C

Christine A Lee  
Professor of Haemophilia



REVIEW

NAME: Angus STEWART

DATE: 31.10.00

HOSP NO: 23147

AGE: GRO-C 38

OCCUPATION:

Haemophilia

VWD Type 2M

HIV

Neg

HCV

HCV

Haemophilia

Present treatment:

Prophylaxis:

• Dr Coghlan - see letter 11/11/00  
Coronaries OK.  
• going to diabetic clinic 6 Nov.

Demand:

GP referral

Annual use:

Failed OPD 2/x/00 to see Dr Hamilton 2/x/00 - this was postponed " he saw registrar 30/x/00

Hb = 8.7g 11/10/00 cf. 8.9g 1/8/00 cf. 9.5g 9/5/00.

Planned treatment:

Prophylaxis:

Very breathless, some tightness, no ankle swelling.

Demand:

He is taking iron.

Arrange transfusion.

FE - general health

?histology of pedunculated polyps taken 20/v/00

Was reviewed by Mr Lewis renal clinic (GP referred) on 11 Oct 00. No letter, but apparently told he has "Grade A haemorrhoids and they could not be injected because bleeding disorder." I will write to Mr Lewis.

\* Need to inform GP that alfuzosin should be 101 given 10mg SR OD.

Transfusion Transmitted Disease

HIV

Neg.

Medication

Hepatitis (including vaccination)

HAV 22/4/97 Pos

HBV 9/5/00 - 243

HCV Type 1 Has been reviewed by Dr Patch.

Social

O/E

Height (children) =

Weight =

! Also has appt. w/ Dermatologist :: 'polyps' in groin 28/x/00. !

Conclusion

① Anaemic - failed Fe Rx. Hb = 8.7g  
Needs blood transfusion + Diuretic cover

② GI tract - ① still <sup>0</sup> histology polyps removed 20/vii/00.

Plan

? source of haemorrhage.   
Failed appt. 2/x/00 → 30/x/00 seen by registrar.

- ② has haemorrhoids need injecting

✓ ③ Cardiac - resolved NO chol Rx indapamide

✓ ④ Prostate - resolved Rx Alfuzosin 10mg SR

⑤ Diabetic clinic - regular review.

GRO-C

**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

**Director : Professor Christine A. Lee MA MD DSc(Med) FRCP FRCPATH**

**Consultant : Dr. Simon A. Brown MB MRCP MRCPATH**

**Senior Lecturer : Dr. David J. Perry MD PhD FRCP FRCPATH**

**Tel. 0207 830 2068**

**Fax 0207 830 2178**

**E-mail lee@GRO-C**

Dr. M. A. Malik  
Caversham Group Practice  
4 Peckwater Street  
London NW5 2UP

Clinic 31st October 2000

Dear Dr. Malik,

Re : **Mr. Angus STEWART, dob** GRO-C 38  
GRO-C London GRO-C  
Hospital No. 213147

I saw this 62 year-old man today for review who has type 2 von Willebrand's disease. As you know, he has a number of health problems :

1. He has an anaemia which is symptomatic. He has some breathlessness and tightness of his chest although no ankle swelling. He had a haemoglobin of 8.7 gm. on 11<sup>th</sup> October compared with 8.9 gm. on 1<sup>st</sup> August compared with 9.5 gm on 9<sup>th</sup> May. This is in despite of regular iron medication. I therefore think the time has come to give him a blood transfusion with diuretic cover and we shall arrange that in the near future.
2. He is most likely bleeding from his GI tract. He had polyps removed on 20<sup>th</sup> July although we are still awaiting the histology of those. Unfortunately he changed his outpatient appointment when he was due to see Dr. Hamilton on 2<sup>nd</sup> October to 30<sup>th</sup> October – the day of the big storm. I think therefore he was probably reviewed by a registrar. I shall make contact with Dr. Hamilton to find out about the histology of the polyps.
3. He was also seen at the beginning of this month on 11<sup>th</sup> October regarding his haemorrhoids. I think that was an appointment which you arranged. Unfortunately we do not have a letter from that clinic but Mr. Stewart was told that because he has a bleeding disorder he cannot have the haemorrhoids injected. I shall make further contact with Mr. Lewis' clinic because if he does have haemorrhoids and they are the source of his haemorrhage clearly it would help if they were injected under cover of clotting factor concentrate.
4. As I am sure you know, his cardiac problems have been completely reviewed and in particular there is no evidence that he has coronary heart disease and he is now on treatment with a diuretic indapamide.

5. His prostate symptoms have also been reviewed and he is now on treatment with alfuzozin SR. He tells me that he is still taking this in a four times daily dosage. I think you have a letter from Mr. Kaisary's clinic that this drug is now available in a slow release preparation of 10 mg. which only needs to be taken once a day.
6. He has an appointment with the Diabetic Clinic. He is under annual review here.
7. He has an appointment on 28<sup>th</sup> November with the Dermatologists regarding some polyp-like lesions in his groin.

We shall endeavour to give him a blood transfusion and to keep all these problems under review. I shall see him again in three months' time.

Yours sincerely,

**Christine Lee**  
**Professor of Haemophilia**

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 020 7794 0500



**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath  
Consultant: Dr Simon A Brown MB MRCP MRCPath

Tele No: 020 7830 2068

Fax No: 020 7830 2178

E-mail: [simon.brown@GRO-C](mailto:simon.brown@GRO-C)

SB/nk/213147  
1<sup>st</sup> December 2000

Mr Angus Stewart

GRO-C

Dear Mr Stewart

**Re: Plasma Products for the Treatment of von Willebrand's disease**

There has been recent press attention about a small number of cases of BSE occurring in European countries, including Germany and France. Obviously, this raises the concern about new variant CJD in countries other than the UK. Currently no official decision has been made on the safety of plasma products manufactured from plasma donations from these other European countries. To avoid the use of UK plasma products in the treatment of patients with haemophilia at this Centre, we have switched to products made from US plasma. Currently, Haemate P and the von Willebrand Factor concentrate we use are made from German and French plasma respectively. In view of this, we are giving you the opportunity to change to a product made by BPL, which you may have used in the past, called 8Y which is now made from American plasma. We would like to discuss this issue with you further and would be most grateful if you could phone up and make an appointment to see one of us as soon as is convenient. I hope you also appreciate that unlike haemophilia A and haemophilia B, there are no recombinant products available for the treatment of von Willebrand's disease.

Yours sincerely

GRO-C

Christine A Lee

Simon A Brown

## HISTORY SHEET

Hospital No.

Surname

First Names

D. of B.

Stewart

Angus

GRO-C

38

M/F

M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

30.01.01

Follow up

Saw Mr Lewis 24.1.01 and will have  
haemorrhoids injected 7/02/01. Due to  
have haemate P prior to this.

Saw Dr Whittaker (dermatologist) 9/1/2001  
Due to biopsy of skin tags 2/3/01 -  
due to have haemate P prior to this.

Hb 8.74 11/10/00

Still on iron, fennos sulphate 200mg OD.  
Check Hb today + Fenniten.

GRO-C

3/12

ROYAL FREE HOSPITAL  
POND STREET  
LONDON NW3 2QG  
TELEPHONE 020 7794 0500



HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath  
Consultant: Dr Simon A Brown MB MRCP MRCPath

Tele No: 020 7830 2068

Fax No: 020 7830 2178

E-mail: Christine.Lee@GRO-C

CAL/SR/213147

30 January 2001

Dr. M A Malik  
Caversham Medical Centre  
2 Bartholomew Road  
London  
NW5 2AJ

Dear Dr. Malik,

Re: Mr. Angus STEWART (Snr) D.O.B. GRO-C1938

GRO-C

London

GRO-C

I saw Mr. Stewart for follow-up today the 30<sup>th</sup> of January. He has been reviewed by Mr. Lewis, who will inject his haemorrhoids on the 7<sup>th</sup> of February, we will give him haemate P prior to this.

He also saw Dr. Whittaker, the dermatologist, on the 9<sup>th</sup> of January about his skin tags and she will biopsy these under cover of haemate P on the 2<sup>nd</sup> of March.

He continues to have angina and the last haemoglobin we have on record is 8.7gms, he is taking iron, but I will check his haemoglobin today and if this is low he may need to have a blood transfusion.

Yours sincerely

GRO-C

Christine Lee  
Professor of Haemophilia

P.S. The Hb was 11.7g/dl. CAL

Royal Free Hospital  
Pond Street  
London NW3 2QG

Tel 020 7794 0500  
Fax 020 7830 2468

HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT  
Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath  
Consultant: Dr Simon A Brown MB MRCP MRCPath

Tele No: 020 7830 2068  
Fax No: 020 7830 2178  
E-mail: Christine.Lee@

GRO-C

CAL/DA/213147

Dr M A Malik  
Caversham Group Practice  
4 Peckwater Street  
Kentish Town  
London NW5 2UP

31<sup>st</sup> June 2001

Dear Dr Malik,

Re: Mr Angus STEWART GRO-C 1938

GRO-C

London

GRO-C

This 63-year-old gentleman with Von Willebrand Disease type 2M has been reviewed in the Centre today. His haemorrhoids have been injected in June of this year, and there is no more rectal bleeding. We are checking his full blood count and his Iron status again today.

He also seen Mr Kaisary regarding his prostate problem, and we are checking his PSA again.

He has an appointment with the combined Liver/Haemophilia Clinic in August. We will follow up in 6 months.

Yours sincerely

GRO-C

Dr Thynn Thynn Yee  
Research Registrar





NAME: Angus STEWART sr  
213147  
Cons:  
DOB: GRO-CB8  
Date:  
HOSP NO:

REVIEW

DATE: 31.7.01

AGE:

OCCUPATION:

Haemophilia

VWD type 2m

HIV

-ve.

HCV

+ve

Haemophilia

Present treatment:

Prophylaxis:

Demand:

twice/wk.

Annual use:

Planned treatment:

Prophylaxis:

Demand:

FE - general health

Has morrhoids injected in June 2001.  
Seen Dr Kasany few days back

Transfusion Transmitted Disease

HIV

Medication

Hepatitis (including vaccination)

HAV Abs +ve (cochr 00)

HBV Abs +ve (maj 00)

HCV Abs +ve PCR +ve type I ALT ↑  
Hb 36  
SB 12.  
LFP 9.

Social

Wife is attending pain  
clinic + had epidural for pain.

O/E

Height (children) =

Weight =

Conclusion

- (1) check FBE + iron status + Pft.
- (2) - liver clinic in Aug 2007.
- (3) 6/12 F/u TC

Plan

## HISTORY SHEET

Hospital No.

Surname

STEWART

M/F

First Names

ANGUS.

M/SW

D. of B.

DATE

CLINICAL NOTES (Each entry must be signed)

2/8/1.RESULTS from 31/7.

W 4.8      ALT 87  
 Na 140      Bil 16  
 K 3.0      ALP 77  
 Cr 77      AST 100  
 Ca 2.42      ALT 82  
 P 0.90      CCA 2.48

AFP: 72.

Is booked into joint liver clinic 20/8

DID Dr Yee

Needs urgent CT prior to liver clinic

(Wt K<sup>+</sup> - check not overusing laxatives; encourage fruit etc)

GRO-C

8/11, 11

→ 10<sup>th</sup> August 2.20 pm.

Informed Mr Stewart by telephone - he will also receive letter.

GRO-C

Q1.

200801

KCU  
 hypel  
 Van Wilkhorst  
 Aspirin

R: Alkyl  
 Mucosa  
 Woodcock  
 Aspirin  
 Atuzosin  
 (BDA)

Angus STEWART (Snr)

To: Dr Malik

20.8.01

**Dr David Patch – Consultant Hepatologist**

**Combined Liver/Haemophilia Clinic – 20<sup>th</sup> August 2001**

**Dr Niamh O'Connell – SpRegistrar in Haemophilia**

**Diagnosis: HCB antibody positive Genotype type-1**

**Von Willebrand's disease**

**Medication: Atenelol, Nicorandil , Co-codamol, Allopurinol and Alfuzosin.**

We reviewed Mr Angus Stewart (Snr) in the Combined Liver/Haemophilia Clinic on 20<sup>th</sup> August 2001. He is reasonably well in himself. He has commenced Alfuzosin for benign prostatic hypertrophy. He has, however, had some episodes of right upper quadrant pain and his alpha-foetoprotein has increased to 72. Whilst this may reflect parenchymal inflammation and regeneration, it also raises the possibility of the development of hepatocellular carcinoma and we have booked an ultrasound for Mr Stuart (he is too overweight to have a CT scan). He will be seen in the combined clinic in 8 weeks time and, depending on whether the lesion is identified, further therapy may or may not be required. We will keep you informed.

**THE HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath

Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath

Consultant: Dr Simon A Brown MB MRCP MRCPath

TEL No: 0207 830 2068

FAX No: 0207 830 2178

Out of hours: 0207 794 0500 bleep 811

Royal Free Hospital

Pond Street

London NW3 2QG

Tel 020 7794 0500

Fax 020 7830 2468

INTERNATIONAL TRAINING CENTRE FOR THE WORLD FEDERATION OF HAEMOPHILIA

PAH/gs/213147/20<sup>th</sup> August 2001

**PRIVATE AND CONFIDENTIAL**

GP: Dr M A Malik  
Caversham Group Practice  
4 Peckwater Street  
Kentish Town  
LONDON NW5 2UP

Dear Dr Malik,

Patient: **Angus STEWART (Snr)** RFH 213147 – DOB: GRO-C 38  
GRO-C London GRO-C

**Combined Liver/Haemophilia Clinic – 20<sup>th</sup> August 2001**

**Dr David Patch – Consultant Hepatologist**

**Dr Niamh O'Connell – SpRegistrar in Haemophilia**

**Diagnosis: HCV Antibody Positive Genotype type-1  
Von Willebrand's Disease**

**Medication: Atenelol  
Nicorandil  
Co-Codamol  
Allopurinol  
Alfuzosin.**

We reviewed Mr Angus Stewart (Snr) in the Combined Liver/Haemophilia Clinic on 20<sup>th</sup> August 2001. He is reasonably well in himself. He has commenced Alfuzosin for benign prostatic hypertrophy. He has, however, had some episodes of right upper quadrant pain and his alpha-fetoprotein has increased to 72. Whilst this may reflect parenchymal inflammation and regeneration, it also raises the possibility of the development of hepato-cellular carcinoma and we have booked an ultrasound for Mr Stuart (he is too overweight to have a CT scan). He will be seen in the combined clinic in 8 weeks time and, depending on whether the lesion is identified, further therapy may or may not be required. We will keep you informed.

Yours sincerely

GRO-C

Dr David Patch  
Consultant Hepatologist

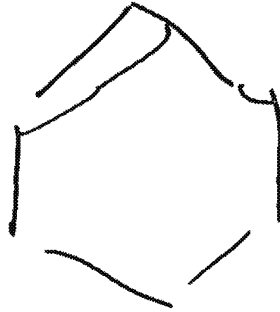
Professor Christine A Lee  
Consultant Haematologist



Royal Free Hampstead NHS Trust Royal Free Hospital, Pond Street, London NW3 2QG Tel 020 7794 0500 Fax 020 7830 2468  
John Carner, chairman Martin Elie, chief executive

O/E/  
multiple species

birds.



imp probable H.A.  
↳ ULS (too big for CT)  
repeat a/r

8/5/2

GRO-C

U/S booked 24 September 2.30pm

u/10/cr

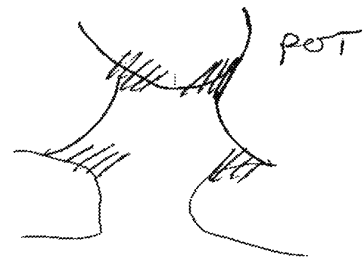
Reviewed in Haemophilic Centre

90% headache + pain in neck for 4-6/52  
worse on moving head from side to  
side.

Tender on touch  
esp at points of  
insertion.

Imp

muscular pain.



Pla muscle relaxant - diazepam 2mg tds.

Analgesia - continue co-codamol  
~~NOT~~ to take ibuprofen

GRO-C

Royal Free Hospital  
Pond Street  
London NW3 2QG

Tel 020 7794 0500

Fax 020 7830 2468

**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath

Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath

Consultant: Dr Simon A Brown MB MRCP MRCPath

Tele No: 020 7830 2068

Fax No: 020 7830 2178

E-mail: [simon.brown@GRO-C](mailto:simon.brown@GRO-C)

SC/RM/213147

12 October, 2001 (dictated 11/10/01)

Dr Malik  
Caversham MC  
2 Bartholomew Road  
London NW5 2AJ

Dear Dr Malik

RE : Angus STEWART - d.o.b. GRO-C38

GRO-C

London

GRO-C

This gentleman was reviewed today in the Haemophilia Centre as he had been complaining for 4 -6 weeks of neck pain which radiated into the occiput and was causing him to have headaches. On examination he had pain in the trapezius muscle especially at point of insertion. There was no signs of meningism. Mr Stewart had been taken Headex which I believe contains Ibuprofen. I strongly advised him against this. I have given him some Diazepam 2 mg tds to help relax the muscle and some cocodamol to deal with the pain.

Yours sincerely

GRO-C

Dr Subhra Chowdhury  
SHO Haemophilia



# HISTORY SHEET

Hospital No.

Surname

First Names

D. of B.

M/F

M/S/W

Angus Stewart  
Sr

DATE

CLINICAL NOTES (Each entry must be signed)

2/10/05

USG Abdomen - liver in size + contour.  
bright in texture suggestive → fatty  
infiltration. No biliary dilatation or obvious focal  
lesion. Portal V patent + ante-grade  
flow t/w liver - demonstrated  
spleen - 15.3cm ↑ in size from in  
21/5/98. No splenic veins visible  
(As pt cannot fit into CT had USG)  
Raised x F.P.

Need to work in for Dr Patrick Liver  
clinic  
Booked for 10<sup>th</sup> Dec  
 clinic  
OK

2/10/05

Seen in H/C  
Still 90% acid pain  
sharp pain + pulling sensation on trig  
head to left + right.



Royal Free Hospital  
Pond Street  
London NW3 2QG

Tel 020 7794 0500  
Fax 020 7830 2468

**HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath  
Consultant: Dr Simon A Brown MB MRCP MRCPath

Tele No: 020 7830 2068

Fax No: 020 7830 2178

E-mail: [simon.brown@GRO-C](mailto:simon.brown@GRO-C)

BP/RM/213147

6 November, 2001 (dictated 5/11/01)

Dr Malik  
Caversham MC  
2 Bartholomew Road  
London NW5 2AJ

Dear Dr Malik

RE : Angus STEWART - d.o.b. GRO-C38

GRO-C

London

GRO-C

**Diagnosis: Von Willebrand Disease**

Mr Stewart re-attended the Haemophilia Centre following a recent attendance with neck pain. On examination again his symptom seem predominantly related to muscular tension. He does not seem to have had any relief from the medication we provided him with and I have asked him to contact our physiotherapist who will be back from leave on Monday.

- Yours sincerely -

GRO-C

Dr Beth Payne  
SpR Haematology



Some tenderness on deep palpation  
little help with analgesia  
Type Musculoskeletal pain.  
① Ref physio

GRO-C

814

0.12.01 (denosumab) 2000.

HIV  
Genotype 1

Van W.

↑ ~~all~~

Rf Atenolol 50  
Nurofen  
Allopurinol  
Alfuzosin  
Ferrous sulphate.  
(Bleeding haemorrhoids!)

Plan recheck AFP.

GRO-C

**THE HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
 Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath  
 Consultant: Dr Simon A Brown MB MRCP MRCPath

TEL No: 0207 830 2068

FAX No: 0207 830 2178

Out of hours: 0207 794 0500 bleep 811

Royal Free Hospital  
 Pond Street  
 London NW3 2QG

INTERNATIONAL TRAINING CENTRE OF THE WORLD FEDERATION OF HAEMOPHILIA

Tel 020 7794 0500  
 Fax 020 7830 2468

PAH/gs/213147/10<sup>th</sup> December 2001

**PRIVATE AND CONFIDENTIAL**

GP: Dr M A Malik  
 Caversham Medical Centre  
 4 Peckwater Street  
 KENTISH TOWN  
 London NW5 2UP

Dear Dr Malik,

Patient: **Angus STEWART (Snr) RFH 213147 – DOB: GRO-C38**  
 GRO-C London GRO-C

**Combined Liver/Haemophilia Clinic – 10<sup>th</sup> December 2001**

Consultants: Dr David Patch - Consultant Hepatologist  
 Professor Christine Lee – Consultant Haematologist  
 Dr Thynn Thynn Yee – Research Registrar in Haemophilia

Diagnosis: HCV Antibody Positive genotype-1  
 Von Willebrand's Disease  
 Elevated Alpha-fetoprotein  
 Colonoscopy 2000 – two small polyps

Medication: Atenolol 50 mg – Nicorandil – Allopurinol - Alfuzosin  
 Ferrous Sulphate

We reviewed Mr Angus Stewart (Snr) in the Combined Liver/Haemophilia Clinic on 10<sup>th</sup> December 2001. His repeat ultrasound has shown no evidence of hepatoma. His portal vein was patent with normal flow. The spleen was increased in size. No splenic varices were seen and the gallbladder is thin walled with no evidence of stones.

As he is clinically stable, we will just repeat his alpha-fetoprotein and, if this is continuing to climb upwards, he will need lipoidal-angiography. Mr Stewart (Snr) will be seen in the combined liver/haemophilia clinic in six months time.

Yours sincerely

GRO-C

Dr David Patch  
 Consultant Hepatologist

Professor Christine A Lee  
 Professor in Haemophilia



Royal Free Hospital  
Pond Street  
London NW3 2QG

Tel 020 7794 0500  
Fax 020 7830 2468

HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath  
Consultant: Dr Simon A Brown MB MRCP MRCPath

Tele No: 020 7830 2068  
Fax No: 020 7830 2178  
E-mail: Christine.Lee@

GRO-C

Our Ref: TC/SR/213147

Dictated: 04.01.02  
Typed: 07.01.02

7<sup>th</sup> January 2002

Dr. M. A. Malik  
Caversham Group Practice  
4 Peckwater Street  
Kentish Town  
London  
NW5 2UP

Dear Dr. Malik,

Re: Mr. Angus STEWART (Snr.) - D.o.B: GRO-C 1938

GRO-C

London

GRO-C

**DIAGNOSIS:** •Hepatitis C - antibody positive  
•Von Willebrand's Disease  
•Elevated Alpha-fetoprotein  
•Colonoscopy 2000 - two small polyps

Mr. Stewart was electively admitted on the 3<sup>rd</sup> of January 2002 for hepatic angiogram to investigate his raised alpha-fetoprotein - currently at 341.6 Ku/L. He was pre-treated to approximately 100% with Haemate P prior to the procedure, Factor VIII level before was 150 post- level was 240. His angiogram demonstrated normal hepatic arterial anatomy. He suffered no bleeding complications after the procedure and was re-treated with further Haemate P prior to his discharge. He will be reviewed in the Haemophilia Centre.

With kind regards,

Yours sincerely

GRO-C

Dr. Timothy Corbett  
Specialist Registrar in Haematology



Mr Angus Stewart

GRO-C

London

GRO-C

29<sup>th</sup> January 2002

Dear *Mr Stewart*

Just to let you know the collecting tin you returned to the Centre earlier today has raised an amazing £51.51! Please pass on our sincere thanks to all your friends who have been good enough to "hand-over" their loose change.

The Katharine Dormandy Trust has been supporting basic research into Gene Therapy for Haemophilia - seen by many as the ultimate cure of this debilitating and painful disorder. The Trustees have recently awarded funding grants to two leading research groups working in the UK who are working in this field: Professor Charles Coutelle of Imperial College; and Dr Amit Nathwani of University College London to continue working with Arthur W Nienhuis, MD, at St Jude Children's Research Hospital, Memphis, Tennessee. Both groups have had very encouraging results with their initial research, and the KD Trust grants, just under £500,000 in total, will enable them to further their work.

It is only through the continuing support of you and your friends that we are able to support such work - thank you.

With best wishes,

Yours sincerely,

GRO-C

Jacqui Marr  
Trust Administrator

cc Prof Christine Lee

*Can I trouble you  
to write as well  
- he's a regular  
collector*

*thanks*

## HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

Director : Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
Senior Lecturer : Dr David J Perry MD PhD FRCP FRCPath  
Consultant : Dr Simon A Brown MB MRCP MRCPath

Tel:  Fax:  E-mail: Christine.Lee@

Royal Free Hospital  
Pond Street  
London NW3 2QG

Tel 020 7794 0500  
Fax 020 7830 2468

CAL.klr  
30<sup>th</sup> January 2002

Mr Angus Stewart

London

Dear Angus,

I am writing to thank you for once again raising money from your friends. As you know every penny counts and it is good that you take the bother to take the collecting containers.

Thank you again.

Kind regards.

Yours sincerely,

Professor Christine Lee

INTERNATIONAL TRAINING CENTRE OF THE WORLD FEDERATION OF HAEMOPHILIA



Royal Free Hampstead NHS Trust Royal Free Hospital, Pond Street, London NW3 2QG Tel 020 7794 0500 Fax 020 7830 2468  
John Carrier, chairman Martin Else, chief executive

17/1/02

S-reviewed in haerophilic centre  
concerned about possible sharp in grain  
on side of anguigrain

O - small nobile inguinal node  
1x1 cm,

? localised tissue = infection in  
grain

P - flucloxacillin 500<sup>+</sup> for 7 days.  
canesten cream for 14 days

GRO-C

18/2/02

Van W.  
- prophylaxis 2 weeks Atenolol 50

chronic polypos

new growth!

low pressure ↑ AFP.

Nicorandil

Alepisurid

Alprostadil

Ferrus sulphate.

needs blow up colonoscopy  
+ blow up CT.  
↑ her weight.

SA 6/12.

GRO-C

# Royal Free Hampstead



NHS Trust

## THE HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath  
Consultant: Dr Simon A Brown MB MRCP MRCPath

TEL No: 0207 830 2068

FAX No: 0207 830 2178

Out of hours: 0207 794 0500 bleep 811

Gray's Inn Division  
Royal Free Hospital  
Pond Street  
London NW3 2QG

INTERNATIONAL TRAINING CENTRE OF THE WORLD FEDERATION OF HAEMOPHILIA

PAH/gs/213147/18<sup>th</sup> February 2002

Tel 020 7794 0500  
Fax 020 7830 2020

## PRIVATE AND CONFIDENTIAL

GP: Dr M A Malik  
Caversham Medical Centre  
4 Peckwater Street  
KENTISH TOWN  
London NW5 2UP

Dear Dr Malik,

Patient: **Angus STEWART (Snr)** RFH 213147 – DOB: **GRO-C 38**  
GRO-C London GRO-C 38

Combined Liver/Haemophilia Clinic – 18<sup>th</sup> February 2002

Consultants: Dr David Patch – Consultant Hepatologist  
Professor Christine Lee – Consultant Haematologist  
Dr Thynn Thynn Yee – Research Registrar in Haemophilia

Diagnosis: Von Willebrand's Disease (prophylaxis two times per week)  
Colonic Polyps  
HCV genotype-1  
Low Platelet Count  
Increased Alpha-fetoprotein

Medication: Atenolol 50mg – Nicorandil – Allopurinol – Alfuzosin - Ferrous Sulphate

We reviewed Mr Angus Stewart (Snr) in the Combined Liver/Haemophilia Clinic on 18<sup>th</sup> September 2002. He was being reviewed following his angiogram in January. The angiogram showed no obvious tumour circulation within the liver. Unfortunately, he is too fat to have a post-lapiodal CT scan but he does need a follow-up colonoscopy in view of a previous history of colonic polyps. This I will organise.

Mr Stewart has an appointment to be seen in the combined clinic in six months time.

Yours sincerely

Dr David Patch  
Consultant Hepatologist

GRO-C

Professor Christine A Lee  
Professor in Haemophilia

Gnc: Res ults



Royal Free Hampstead NHS Trust Royal Free Hospital, Pond Street, London NW3 2QG Tel 020 7794 0500 Fax 020 7830 2468  
Gray's Inn Road was the site of the old Royal Free Hospital which, with other Royal Free sites, was replaced in 1974 by the hospital in Pond Street. It is commemorated in the name of the division which includes medicine, accident and emergency services, cancer treatment, haematology and services for elderly people, together with pathology and radiology.

124

WITN0644040\_0124



**THE HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT**

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath  
 Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath  
 Consultant: Dr Simon A Brown MB MRCP MRCPath

TEL No: 0207 830 2068

FAX No: 0207 830 2178

Out of hours: 0207 794 0500 bleep 811

Gray's Inn Division  
 Royal Free Hospital  
 Pond Street  
 London NW3 2QG

Tel 020 7794 0500

Fax 020 7830 2020

INTERNATIONAL TRAINING CENTRE OF THE WORLD FEDERATION OF HAEMOPHILIA

PAH/gs/213147/18<sup>th</sup> February 2002

**PRIVATE AND CONFIDENTIAL**

To: Breda  
 ENDOSCOPY  
 Royal Free Hampstead NHS Trust  
 LONDON NW3 2QG

Dear Breda,

Patient: **Angus STEWART (Snr)** RFH 213147 – DOB: GRO-C 18  
GRO-C London GRO-C

Could Mr Angus Stewart (Snr) have a follow-up colonoscopy for colonic polyps. He suffers with von Willebrand's disease and requires prophylaxis.

Many thanks,

Yours sincerely

GRO-C

Dr David Patch  
 Consultant Hepatologist

Professor Christine A Lee  
 Professor in Haemophilia

**Clinic Note: Combined Liver/Haemophilia Clinic – 18<sup>th</sup> February 2002**  
**Dr David Patch/Professor Christine Lee/Dr Thynn Thynn Yee**

**Diagnosis:** Von Willebrand's Disease (prophylaxis two times per week)  
 Colonic Polyps  
 HCV genotype-1  
 Low Platelet Count  
 Increased Alpha-fetoprotein

**Medication:** Atenolol 50mg – Nicorandil – Allopurinol – Alfuzosin – Ferrous Sulphate

We reviewed Mr Angus Stewart (Snr) in the Combined Liver/Haemophilia Clinic on 18<sup>th</sup> September 2002. He was being reviewed following his angiogram in January. The angiogram showed no obvious tumour circulation within the liver. Unfortunately, he is too fat to have a post-lapiodal CT scan but he does need a follow-up colonoscopy in view of a previous history of colonic polyps. This I will organise. Mr Stewart has an appointment to be seen in the combined clinic in six months time.



# HISTORY SHEET (Continuation)

Hospital No.

Surname **STEWART**

First Names **ANGUS**

DATE

(Each entry must be signed)

14/6/02 Coombs test neg bilirubin (w)  
film  $\Rightarrow$  leucocytoblastic picture.  
+ anaemia.

D/w Prof Lee LHB probably 2% to.  
GI bleeding.  
to cont with current prophylaxis + not to.  
investigate actively.

GRO-C

811

14/7/02 haem Spl  
13:00 clotted pain since 8pm yesterday  
pain constant.  
vomited x3  
stools black  $\Rightarrow$  on ferriem  $\Rightarrow$   
no change in stool consistency.

U/G 6.6

K<sup>+</sup> 3.7

Na<sup>+</sup> 142

Cr 80

U/O 46

mg 0.74

Ca 2.66

pho 0.91

alb 38

bil 20

alkp 91

as + 118

alt 48

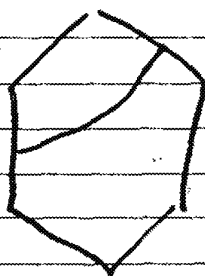
gg + 133

reb 11.1

wc 3.47

pH 2.2

O/E BP 140/70 HR 70 RR 15



10cm liver  
liver edge tender

Plan FBC, LFTs & fetoprotein  
U+Es  
G+S, clotting

wire NAD.

GRO-C

811

DATE

(Each entry must be signed)

19/7/02

Radiology - 4/5 Abdo.

Liver is enlarged and irregular in outline

No duct dilatation CBD 4mm

Irregular liver echogenicity

No masses

(LB - N)

Kidney/Pancreas/Spleen (N)

GRO-C

Radiology

21/7/02

w/ haemophilia

received prophylaxis

pain better with tramadol

avoid liver exam

GRO-C

871

23.7.02 I have told Mr Stewart

that the ↑ AFP in the context of chronic liver disease, is ~~not~~ highly suggestive of a primary liver cancer.

I have said that at this stage we cannot say more, as we really do need further imaging.

GRO-C

**DO NOT ATTEMPT RESUSCITATION (DNAR)**

A DNAR decision applies only to Cardiopulmonary Resuscitation. The Chief Medical Officer made it clear [PL/CMO(91)22] that responsibility for decisions about resuscitation status lies with the Consultant in charge of the patient's care, and s/he must consult with the multidisciplinary team. The views of the patient, with due regard to patient confidentiality, and the carers should also be considered. In the Consultant's absence, a deputy, i.e. Specialist Registrar, may initiate the order providing the consultant is notified as soon as possible.

Date: 2/8/02 Patient Name: Angie Stewart Hospital No: 213147

Name: S. R. Samarasinghe Grade: SpR

**It is my clinical judgement that cardiopulmonary resuscitation would not be appropriate for the above named patient for the following reasons:**

1. The patient's condition indicates that CPR is unlikely to restore cardiopulmonary function YES / NO
2. CPR is not in accordance with the recorded sustained wishes of a mentally competent patient YES / NO
3. Successful CPR may restore cardiopulmonary function, but is likely to be followed by length and quality of life which would not be acceptable to the patient ☒ YES ☐ NO
4. Other (please state):

**I have discussed and explained the question of cardiopulmonary resuscitation with the following health care professionals who agree that it would be inappropriate in this case:**

(Please complete legibly in BLOCK CAPITALS. Medical staff initiating DNAR should be a Specialist Registrar)

Medical Staff, Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Nursing Staff, Name: CHRIS HARRINGTON Grade: H

Consultant Notified: ☒ YES ☐ NO Dr Brown + Prof Lee informed.

I have discussed this with:

the patient ☒ YES ☐ NO

the carers(s) YES / NO

name(s) of carer(s) \_\_\_\_\_

relationship \_\_\_\_\_

Details of communication with doctors, nurses, patients and/or carers:

medical staff on Harsal ward informed  
i.e. sister + live SpR.

SIGNED: \_\_\_\_\_ GRO-C \_\_\_\_\_ DATE: 2/8/02

Please note the REVIEW PERIOD overleaf. The frequency of the review period should not exceed one week.

## HISTORY SHEET (continuation)

Hospital No.

Surname

STEWART

First Names

ANGUS

DATE

(Each entry must be signed)

2/8/02

WR haematology

obs stable BP 120/60 HR 70 RR 20  
received 6u blood. Sats 96% on O<sub>2</sub>

to go for GI endoscopy

D/w Mr Stewart => # Not for  
cardiopulmonary resuscitation in the  
the event of cardiopulmonary arrest

GRO-C

2/8/02

WR Prof Lee

OGD => 3 small varices + antrectal gastritis  
no active source of bleeding seen.

to have CT abdo today

Plan to + FBC + clotting tomorrow  
to hold off haemate P  
until active source of  
bleeding found.

GRO-C

2/8/02  
1600

WR DP

Haemodynamically stable  
no active GI bleed.Awaiting CT today/morn  
Tx J & U  
r/v man

GRO-C

SHEER  
180

**LIVER TRANSPLANTATION  
& HEPATOBIILIARY UNIT**

DR DW PATCH MBBS FRCP  
CONS. PHYSICIAN & HEPATOLOGIST

E-MAIL: dpatch@ **GRO-C**

SPECIALIST REGISTRAR: BLEEP 150  
REGISTRAR: BLEEP 823  
SHO: BLEEP 481  
TRANSPLANT NURSES: BLEEP 254/478

EXT: **GRO-C**  
FAX NO: **GRO-C**  
DIRECT LINE: **GRO-C**

Lawn Road Division  
Royal Free Hospital  
Pond Street  
London NW3 2QG

Tel 020 7794 0500  
Fax 020 7830 2754

DP/KP/213147

22 August 2002

2002 NOV 17

CAZ

Professor Lee  
Haemophilia Centre  
RFH

Dear Professor Lee,

Re: **Angus Steward Snr** dob **GRO-C** 38  
**GRO-C**

I think this gentleman should be considered for Lipiodol I<sup>131</sup>. At the moment, he is currently not enthusiastic about this approach, but I would expect it to improve his symptoms and possibly his longevity. I think a bit of convincing is required. However, as he is being seen regularly by your Unit, if you could mention this with him I would be grateful.

Kind regards,

Yours sincerely,

**GRO-C**

Dr D Patch MBBS FRCP  
Consultant Hepatologist & Senior Lecturer



① - Prophylaxis today  
↑ tramadol to qds

Oramorph 10mg prn (reluctant to  
start regular oramorph ∴ use for  
breakthrough pain)

Contact Camden + Islington Community  
Flap to see next wk at home

Here Next fri or SOS

GRO-C

Deny referral ∴ needs re-referral  
Claudia (palliative care nurse) will  
kindly arrange

(12y)  
811

30/09/02

Saw Mr. A Stewart in centre today  
re: discussion on Rx with  
Liposomal I<sup>131</sup> for his advanced HCC  
as suggested by Dr D Patel. Ph.  
had to accept this Rx.  
Given some info re: this Rx +  
to write to D Patel

Today Hb 10.6 (Stable)

plt 140.

Wb 3.17.

No need for

trans fusion

GRO-C

HAEMOPHILIA  
CENTRE



On GRO-C 2002 It was with  
Great Gorrow & Saddness that  
our father Angus Stewart passed  
gently away. He wanted us to  
thank all the Staff of the Centre  
for all your love, care & devotion  
shown to all our family thru the  
years of treatment  
God Bless You all

THE STEWART  
FAMILY.