

HISTORY SHEET

Hospital No.

Surname

First Names

D. of B.

GRO-B

GRO-B

60.

M/F

M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

11/6/96

FXI 3u/dl

Age 35

GRO-B

Diagnosed age 19, 1981 colectomy UC.
 → 12 @ blood.

Represented Dec. 1995 with swollen
 (R) Knee. Rx tranexamic acid.

Mother has history of thrombosis -
 has been tested for FXI deficiency: 48u/dl
 Lives in GRO-B. 2 dots: one in
 pregnancy.

PH. Bleeding ++ when she had
 UC (now has ileostomy)
 Periods started age 9, at age 13
 menorrhagia started: can be 10-14 days.
 No children.

- To refer to Mr Economides.
- Screen proteinuric markers.

HBV - vacc. antibody > 100.

HCV - antibody positive

Type 1. Discussed quantitative
 transmission, treatment.

- Advised Liner Clinic.
- Refer Mr Economides.
- Has green card

Check - - review bloods
 - prothrombotic markers
 - LFT.

Discussion re. analgesia : advised paracetamol (not aspirin).

- * Needs letter. 1/12 CAR.
- * Needs greencard.

30/VII/96

Seen with husband to discuss HCV.

• Prothrombotic screen = normal.

• To see Mr Economides this week (actually better)
 H. menses.

• Hepatitis HAV - natural immunity
 HBV - vaccinated > 100.

HCV. Exposure 1981

— HCV originally taken September 93

~ ~~18~~¹⁸ y duration (1st transf. ~~18~~¹⁸ y ago)

From blood transfusion

Type I

PCR+.

Discussed combination therapy

To see Dr Mistry Sept.

Discussed sexual transmission.

Would like to have husband tested.

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CAL/MJ/160955

26 June 1996

Dr G Mustafa

GRO-C

Dear Dr Mustafa

GRO-B

GRO-B 60

GRO-B

Essex

GRO-B

I saw this 35 year old GRO-B on 11th June. She has factor XI deficiency of 3 u/dl, which is severe. She was diagnosed at the age of 19, when she had a colectomy for ulcerative colitis and required 12 units of blood. She presented to us in December of 1995 with a swollen right knee, which was treated with tranexamic acid.

Her mother also has a history of thrombosis and has been tested for factor XI deficiency and been found to have a level of 48 u/dl. She lives in GRO-B and she herself has had two past DVT's, one of them during pregnancy.

GRO-B has quite a difficult menstrual history - her periods started at the age of 9 and at the age of 13, she started to have severe menorrhagia and her periods can last 10-14 days. I am sure this is related to her severe factor XI deficiency but I will refer her to Mr Economides, our gynaecologist. We will also screen her for thrombotic markers, in view of this thrombotic history.

The other complication is that she has been found to be hepatitis C infected - she has type I virus and I suspect that this may be a result of the enormous blood transfusions she has had in the past, particular in 1981. I have advised that we should refer her to The Liver Clinic for this.

We will give her a 'Green Card' and I plan to review her in a month's time.

GRO-C

Christine A Lee