

Direct tel:

GRO-C

Direct fax:

e-mail:

GRO-C

24 June 1999

Clinic: 22 June 1999

BRD/GH/217032

Professor Christine Lee,
Director, Haemophilia Centre,
RFH.

Dear Christine,

Angus STEWART, D/B GRO-C 65

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London

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Thank you for asking me to see this unfortunate young man who has recently been an inpatient under your care for five months. I note that he has von Willebrand's disease and was initially admitted with a haemarthrosis. He subsequently developed cellulitis in his thigh and a subsequent pyrexial illness treated by several courses of antibiotics. I note, from your discharge summary, the extensive investigations which he underwent. His main inpatient problem and difficulty since discharge from hospital seems to be alteration to his bowel habit with the passage of five to ten semi-formed motions per day, with occasional fresh rectal bleeding. He has a reasonable appetite, is eating normal meals and has gained some weight. He has been taking his temperature at home and appears to be having intermittent pyrexias up to 40°C whilst at home, associated with some rigoring.

On clinical examination today, he looked relatively well considering his prolonged illness. He was neither anaemic nor jaundiced. He had no lymphadenopathy. Abdominal examination revealed a soft, non-distended abdomen. He has some fullness in his right iliac fossa which was minimally tender. He has no inguinal lymphadenopathy and his testes are normal to palpation.

It is tempting to associate his unexplained diarrhoea with his recurrent pyrexias which are clearly suggestive of an intra-abdominal focus of sepsis. I feel that this has to be excluded, particularly as he has some right iliac fossa discomfort and some palpable fullness in this region. I will initially arrange for him to have an IV contrast CT scan of his abdomen and, if this is normal, I would be happy to consider laparoscopic assessment of his abdomen. I note that a vast number of stool cultures have been negative and it would therefore seem reasonable to treat his diarrhoea with a small dose of codeine phosphate. I have asked his General

Practitioner to commence him on 30 mg q.i.d. and for this to be reduced if he diarrhoea resolves.

Yours sincerely,

Brian R. Davidson, MD, FRCS
Professor of Surgery

copy:

Dr. Notoney,
Crawford Health Centre,
Crawford Avenue,
WEMBLEY,
Middlesex.