

DATE

(Each entry must be signed)

16/7/92 Phone call from Mark - not  
working - speak to registrar.  
Poor off with again & sore  
throat & poor to G.P. also now  
has rash which he thought  
was reaction -> drugs.

Is involved & neighbours  
"look down" & this has  
led his symptoms are like  
"happy face" or regional  
disease & to contact a  
near nurse.

Suggested: 1) Come to H.C.  
& see a doc. He is due for  
review next week. Says he  
may wait.

2) G.P. suggested  
scabies. Advised that he  
still needs to come & it  
can be treated.

3) Agreed to help  
C. & discuss up to G.P.  
on 10/10/92

GRO-C

31/7/92 Come up to room of son that  
gotten worse  
during ill  
skin rash now resolved  
no dyspnoea or weight loss  
apart from loss of appetite to sick building  
syndrome  
- certainly must have some days &  
start to mend.

# HISTORY SHEET (Continuation)

Hospital No.

Surname

W L B

First Names

M A R K

DATE

(Each entry must be signed)

O/E.

Widened off-line hard palate. tail  
depression of tongue  
white patches over tongue  
no hyperaemia. <sup>degeneration</sup> <sup>red</sup> hair  
thin chest clear  
°L °S.

bits : L. knee - squaring  
90° flexion - extension  
Right elbow restricted movement  
~ 90° flexion extension

on general review

health otherwise has been good  
no weight loss some terminal dyspnoea

no diarrhoea  
slight recent non-productive cough.  
honey-like sputum  
only recent <sup>if</sup> was for bleeding from  
nose after scratching.

→ Pericardial

fluid. minor. small mouth & scanty stools

none for 4 hrs. & visible. no gross diarrhoea

Heuristic trial of steroids

none 1 week

made better S/P  
bleeding

wt 35

# VIOLOGY

ROYAL FREE HOSPITAL 3 200

Tel: 206540 V 4087

PLEASE FILL IN ALL SECTIONS CLEARLY WITH NAMES IN BLOCK CAPITALS

Hosp. No. <u>919385</u>	Ward <u>Hepatic</u>	Hospital <u>CAN</u>
Surname <u>WARD</u>	Consultant <u>Col</u>	City <u></u>
Forename <u>MARK</u>	Report Destination (if no	
D.O.B. <u></u>	For further clinical informa	
Sex <u>M</u>	Dr's Name <u></u>	Resp/Tel No <u>GRO-C</u>
Status <u>NHS</u> Private Other		

SAMPLE Date 11-7-92 Time  ☐ Other

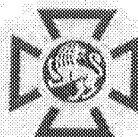
Type ☐ Blood ☒ Urine ☐ CSF ☐ Faeces ☐ Throat swab

CLINICAL DETAILS: <u>Hepatic</u>	TESTS REQUIRED: <u>Screen for</u>
ANTIVIRAL DRUGS: Given: <u>None</u>	<u>CMV &amp; HSV</u>
Contemplated: <u>GRO-C</u>	
VIRUS SUSPECTED:	<u>NO VIRUS ISOLATED IN TISSUE C.</u>
	<u>GRO-C</u>

For Lab Use: CMV NOT DETECTED IN URINE

BY DEAFF 4-8-92

ROYAL FREE HOSPITAL  
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Royal Free Hospital

HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT  
FAX No: 071 431 8276

Director: Dr Christine A Lee MA MD MRCPath FRCP

ML/LRB/919375

19 August 1992

Dr D Kirby  
The Surgery  
Nevills Road  
Letchworth  
Herts

Dear Dr Kirby,

Mark WARD **GRO-C.69**

**GRO-C**

This 23 year old man with severe Haemophilia and HIV infection has been seen several times over the last three weeks complaining of a sore throat and tongue and burning on swallowing. Examination on the 31st July showed probable oral candidiasis over the tongue, hard palate and tonsils and he was accordingly started on oral fluconazole on the 31st July. Following a weeks course of this he had some symptomatic relief but still complained of a painful tongue and some dysphagic symptoms. He was therefore treated with a further one week course of 50mgs Fluconazole orally until the 17th August. In spite of this these symptoms persisted. Swabs taken on the 31st July confirmed the presence of candida albicans which was sensitive to Fluconazole. We have therefore repeated all these swabs on the 17th August and arranged an upper GI endoscopy for the 21st August to exclude oesophageal candidiasis.

I have explained to Mark that the occurrence of candidiasis may indicate some impairment in his immunity by his HIV infection. His CD4 count on the 31st July was  $0.35 \times 10^9/l$  which is not yet a level at which we would expect severe immuno-deficiency.

Yours sincerely,

**GRO-C**

Dr Matthew Lyttelton  
Senior Registrar in Haemophilia

ML/WARD