

## HISTORY SHEET (Continuation)

Hospital No.

Surname

STEWART

First Names

DATE

(Each entry must be signed)

6.7.89

Letter to Dr. T. Gordon. Rheumatology.

GRO-C

15/3/90

Review (annual)

moderate vWD.

Age 25

Watchmaker

Has come up for plasmapheresis → NEQAS

vWD.Bleeding @ nostril for 5 days.

? loss of blood 1 1/2 pt.

July 89 Hb 17.2

27.11.89 Hb 10.8 mar 76 Has had pruritus + pica.

Has large bruise @ upper arm. (hit it on door)

Has tranexamic acid for nose bleed.

Has had HBV Vacc. - last value = 28 iu/L Mar 89

General - good healthcoughing up blood recently (but?  
swallowed)

no indigestion.

no haematuria.

Discussed anti-HCV : he asked about  
his daughter - I suggest testing her when  
we test for vWD

→ ent referral.

Rf ferrous sulphate 200mg OD }  
tranexamic 112 500mg }

Asked about BCG

O/E. Skin - spotty

OLN

BP 140/80 ?

Large bruise 4" x 3" @ upper arm.

Abdomen no masses.



DATE

(Each entry must be signed)

Impression: ① Fe deficiency  
2° epistaxis  
② needs ent referral  
re. nose.  
③ No NEQAS (anti-MCV pos)

3/12 review to check Mb.

GRO-C

28/3/90 Pain in TMS joint resolved after he was given a "bite plate" to prevent him grinding his teeth.

Since Sunday he has had pain in both shoulders, rt. > left with pain & tenderness in peroneal muscles.  
Wounded vegetable plot using handfork before onset of pain.  
No other unusual activity.

PH Both shoulders limited -

Rt. - able to flex forward to 80° abduction 60°

Left - " 90° " 80°

All other movements extremely painful

PH Tender over both peroneal muscles & anterior part of shoulder joints.

X-rays NAD

? blood

Rx DDAMP 0.3mg/kg stat. + FORTRAL 30mg. E. Goldson.

Review tomorrow.

GRO-C

29.3.90 - Improvement over last 2 days.

- Shoulders less stiff.

Movement of flexion 185° (R) + (L)  
abduction limited to 90°

∴ Rx today E DDAMP (1#3)

Physio  
Review Monday

GRO-C





Pond Street  
Hampstead  
London NW3 2QG

# The Royal Free Hospital

Telephone  
01-794 0500  
Ext. 3806/4140

## HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

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

Dr CHRISTINE A LEE, MA MRCP MRCPPath  
Consultant Haematologist

CL/LRB/217032

20th March 1990

Dr Notanea  
Crawford Centre  
Crawford Avenue  
Wembley  
Middx

Dear Dr Notanea,

Angus STEWART (Junior) GRO-C 65  
GRO-C, Middx

I saw this patient who has moderate von Willebrands disease on the 15th March for his annual review. He is aged 25 and works as a watchmaker. His von Willebrand's Disease has been giving him some trouble within the last week. He has been having severe bleeding from the left nostril and he reckons that he may have lost about 1½ pints of blood. I note that the last time we took a haemoglobin was in November 1989 when it was 10.8 with an MCV of 76. He normally runs an haemoglobin of about 17. I think that it is quite possible that he has bled himself down to quite a low level. He has a large bruise on his left upper arm and he is getting some itching of the skin and some pruritus. I think that this may be related to iron deficiency. He treats his nose bleeds with tranexamic acid. I am going to get an urgent review of the left nostril, it may be that cautery will help.

In general his health is good although he has been coughing up blood recently, but I assume that that is swallowed blood. He has had no indigestion or haematuria. I discussed the new anti-HCV test that we have for non-A, non-B hepatitis. We know that he had an episode of non-A, non-B hepatitis some 8 years ago and he is anti-HCV positive.



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20th March 1990

CL/LRB/217032

Angus STEWART (Junior) - GRO-C 65

On examination his skin was rather spotty, there was no lymphadenopathy, his blood pressure was 140/80 lying, he had a large bruise about 4" by 3" on the left upper arm and in the abdomen there were no masses. I have checked the patient's haemoglobin and put him on ferrous sulphate 200mgs OD. I will refer him to the ENT Clinic to review his nose and he has not given for NEQAS donation today because of the anaemia. I intend to review him in three months time to see if his haemoglobin has improved.

Yours sincerely,

GRO-C

Dr Christine A Lee  
Consultant Haematologist