ORTH	DPAEDIC DEPARTMENT	D. of B.	О-В	M/F M/S/W
Diagnosis FACTOR XI DEFICIENCY		Occupation Address SEE FRONT OF NOTES		
Private Dr. SEI	E FRONT OF NOTES	Audress		
DATE	CLINICAL N	OTES (Each entry	must be signed)	
- 1-	GRO-B RFH GRO-B - DOB: GRO-B 60			
11.1.96	Referred by Mickey Koh. Spontaneous swelling of Right Knee: This lady presented two weeks ago with a spontaneous sounding bleed into her Right Knee. On close questioning however it would appear that she has been troubled by intermittent clicking and medial discomfort in the knee for the past year or so. There is no history of locking or giving way. She has recently moved house and, this combined with some extra manual work at home, contributed to the bleed. Her symptoms have improved considerably over the past two weeks. However, she still has a small effusion in the knee and some wasting particularly the vastus medialis. She has a 5° fixed flexion deformity, flexes to 130° with minimal discomfort. She is tender around the medial joint in particular and there is a positive tibio-femoral rotation test in the medial compartment with an associated soft click. Her collaterals were stable. I think it is important to exclude a meniscal tear and I have arranged for her to have an MRI scan and review with the results.			
14.3.96.	Combined Orthopaedic/ Goddard/Lee Seen for review with M area of high signal with medial meniscus which m tear. The remainder of does the ACL. On th improved, she has no flexes to 130°. Negatest. On the whole, alone although I would improvement tails off a can no longer work or ca in her daily activities	RI scan which hin the poster ay be consisted the meniscus lee whole, her fixed flexion tive tibio-fer would advis be happy to reaches a uses signification.	shows a linear ior horn of the nt with a small cooks normal, as condition has deformity and emoral rotation to leaving well view her if her a level that she nt interference	