

REVIEW

10 / XII / 97

NAME: MARK WARD

HOSP NO: 91, 93 75

Haemophilia VIII < 2u/dl

Age 91.93.75

GRO-C

69 28y

HIV Pos

Occupation

Not working

HCV Pos

Haemophilia

Present treatment:

Prophylaxis:

2000u to Rx bleed.

Demand: ✓

Annual use:

3/52 had to attend Birmingham (Dr Wilde) because haematuria.

Planned treatment:

Prophylaxis:

Demand:

FE - general health

Well.

Would like referral to Prof. Michael King re sexual function.

HIV

Last serious illness
March 97 when R_x for
MAI started.

Mar 97 4.78 log 60,800.

July 97 CD4 23/uL
(5/uL Feb 97).

Hepatitis (Including vaccination)

HAV POS.

HBV >100 iu/L

HCV POS

AST 25

ALT 23

} July 97.

Social

Advice R_x not indicated.

Going away to Dubai.

O/E

Height (children) =

Weight =

Conclusion

1. HIV viral load today.
HCV viral load

2. Continue HIV + MAI therapy.

Review drugs in New Year in
light of HIV viral load.

Plan

3. Continue haemophilia R_x as
before.

cc. Review to Dr Jonathan Wilde. Review May 98.

Medication

Co-trimoxazole 960 x weekly

ZDV 200 BD

3TC 150 BD

Rifabutin 300 OD

ethambutol 100mg OD

omeprazole 20mg OD

started
March 97

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Royal Free Hospital

HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

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CAL/ML/919375

11 December 1997

Dr D Kirby
The Surgery
Nevills Road
Letchworth
Herts SG6 4TS

Dear Dr Kirby

Re Mark Ward **GRO-C** (69)

GRO-C

Birmingham

GRO-C

I saw this 28 year-old man, who has severe haemophilia on the 10th of December for review. He has severe haemophilia A and is infected with both HIV and HCV. He is not working at the present time. He treats his haemophilia on demand and uses 2,000 units to treat a bleed. He saw Dr Jonathan Wilde in Birmingham about 3 weeks ago because he had haematuria. On functional enquiry, he is generally well, but he would like to have a referral to Professor Michael King for his sexual function.

With regard to his HIV infection, the last serious illness he had was in March of this year when we started treatment for MAI. I discussed with him the fact that I think we probably did have the right diagnosis because he has been well since. His HIV viral load in March, the last measurement we had was 4.78 logs and 60,800 copies. His CD4 count in February was 5/uL and had risen to 23 by July. He remains on treatment with Co-trimoxazole 960 mg x 3 weekly, Zidovudine 300 mg bd, 3TC 150 mg bd, Rifabutin 300 mg od, Ethambutol 700 mg od and Omeprazole 20 mg od.

He has got antibody to hepatitis A and B. He is positive for hepatitis C, but he has normal transaminases, so no treatment would be indicated at the present time. He is planning to go away on holiday to Dubai shortly.

Thus, we are going to repeat his HIV and HCV viral load today. We will continue his HIV and MAI therapy, but review his anti-HIV drugs in the New Year in light of his HIV viral load and he will continue his haemophilia treatment as before.

With kind regards

Yours sincerely

GRO-C

Christine A Lee
Professor of Haemophilia

cc Dr Jonathan Wilde
Consultant Haematologist
Haemophilia Centre Director
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Professor Michael King
Psychiatry
Academic Dept RFH