

DATE

(Each entry must be signed)

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

Is involved in nephritis  
"box" down + +. His back  
and his symptoms are like  
"happy face" in regional  
disease & to contact a  
renal nurse.

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

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

3) Agreed to help  
C rehouse up to 6 weeks  
if possible.

GRO-C

31/7/92 Come up to room of son that  
gotten worse  
during ill  
skin rash now resolved  
no dyspnea or weight loss  
apart from loss attributed to sick building  
syndrome  
- certainly must have some days  
startlingly normal.

# 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 dysuria  
no diarrhoea  
slight recent non-productive cough.  
hoarse like satisfaction  
only recent of use for bleeding from  
mouth after scratching.

→ Pericardial  
Vial + micro. what mouth & scanty yeast  
tails

mine for 14 days + vitals. no gross histology

Heuristic trial of steroids

ran 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. 919385  
Surname WARD  
Forename MARK  
D.O.B. 1/1/72  
Sex M  
Status NHS Private Other

Ward Hepatic Hospital CNL  
Consultant : C. J. Kelly  
Report Destination (if not hospital)  
For further clinical information  
Dr's Name : Dr. J. Kelly Hosp/Tel No. GRO-C

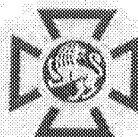
SAMPLE Date 1/1/72 Time 10:00  
Type ☐ Blood ☒ Urine ☐ CSF ☐ Faeces ☐ Throat swab

CLINICAL DETAILS: Hepatic  
ANTIVIRAL DRUGS: HIV  
Given: GRO-C  
Contemplated: GRO-C  
VIRUS SUSPECTED: NO VIRUS ISOLATED IN TISSUE C. GRO-C

TESTS REQUIRED: Screen for CMV & HSV

For Lab Use: CMV NOT DETECTED IN URINE  
BY DEAFF 4-8-92

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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