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UNIVERSITY OF GLASGOW

HAEMOPHILIA AND THROMBOSIS UNIT

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GRO-B

30 May 1991

Dr GRO-B

11 JUN 199%

Dear Dr GRO-B

RE: **GRO-B** DOB **GRO-B** 74

Further to my letter of 10 May I reviewed this 16 year old hacmophiliae on home treatment with concentrate at the Haemophilia Clinic on 27.5.91. I am pleased to say that his ankle bleeds have much improved and he has not had any in the past month or two. He has lost some weight and finds that his ankle support helps. He gave himself prophylactic factor VIII for 2 weeks as suggested but is now back to treating bleeds only when they occur. He has just sat 3 highers which is he is unhappy about and thinks he will probably have to resit next year at school. Thereafterhe is thinking of office work. He has just passed his driving test. As you know from previous correspondence he has a persistent slightly elevated serum ALT level and I note this has been present since 1988 when he was at Yorkhill Hospital. Neither GRO-B hor his father gave any history of jaundice or clinical hepatitis. I explained to GRO-B fether that he has slight elevation of serum transaminases which we shall keep an eye on at the clinic. This may represent a degree of chronic non A non B hepatitis from previous treatment with blood products.

On examination he was fit, normal colour, no palpable nodes, liver or spleen or other signs of liver disease. Pulse rate irregular, he had minor crepitus of both knees and ankles but a full range of movement and no synovitis. He was also seen by the unit physiotherapist. We have checked his usual blood tests and I will write with the results. He will continue on home treatment with factor VIII concentrate and I have encouraged him to return his usage of treatment forms which he has not done recently. We shall continue to review him 6 monthly at the clinic.

Yours sincerely

GRO-C

G D O LOWE

CONSULTANT PHYSICIAN