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GRO-B

10 May 1989

Dr GRO-B
GRO-B
GLASGOW
GRO-B

cc Dr B Gibson
Haematology Department
Yorkhill Hospital
Yorkhill
G3 8SJ

MAY 1989

Dear Dr GRO-B

GRO-B – GRO-B 74

This lad with severe haemophilia (Factor VIII level less than 1% of normal) was referred by Dr Pettigrew of Yorkhill Hospital and I saw him for the first time on 7 3 89 at the Haemophilia Clinic. You will have had the very full letter from Dr Pettigrew about his previous history. His main bleeding problems in recent years have been ankles, with the left ankle affected more than the right and his left ankle is chronically painful at times. He has had no recent haemarthroses into the knees, but he does notice his knees creaking at times. He occasionally gets elbow bleeds, but most of his bleeds in recent years have been spontaneous bleeds into his muscles, usually about twice a month. Treatment with approximately 1,000 units of Factor VIII home treatment usually settles these well, but at times he needs a second dose. As you know he is in his third year at high school and when I asked him what he wanted to do he is thinking about doing medicine. He does not play any dangerous games. As you know he had problems recently with ingrowing toenails, but has had no recurrence of this. He was last seen by the dentist in OCtober 1988 and his teeth are in good condition. I gather there is no past history of jaundice and that he had hepatitis B vaccination in 1987. Because his last titre of antibodies to hepatitis B surface antigen was borderline at 50 IU/l he received a booster dose of hepatitis B vaccination at the Clinic. He was also issued with a new card and he and his mother were shown round the Unit and explained that we were happy to be contacted at any time in the event of bleeding. I understand he had x-rays performed of his joints in 1988 so we have not repeated these as the joints were apparently in good condition. He is allergic to sticking plasters, but did not know of any drug allergies.

On examination he was slightly obese, normal colour, no lymphadenopathy or hepatosplenomegaly and chest was clear. Joints showed a full range of movements and his muscles were in good condition. He did however had mild crepitus on moving each of his knees. Neurological examination was negative. We shall continue him on home treatment and review him 6 monthly.

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Results of investigations showed Factor VIII level less than 1% of normal and screening for a Factor VIII inhibitor was negative, blood group was B positive and antibody screen was negative. Full blood count and platelet count were normal as were blood urea and electrolytes, serum proteins and liver function tests, apart from a slightly elevated ALT at 81 unit/l and gamma GT at 40 unit/l. I note his liver function tests have been fluctuating in the past when he attended Yorkhill and I assume that he might therefore have a degree of chronic non A non B hepatitis for which at present there is no specific treatment.

Yours sincerely

GRO-C

G D O LOWE
CONSULTANT PHYSICIAN