

# ANONYMOUS

Cg-Directors:  
Dr. G. D. O. Lowe  
Dr. I. D. Walker  
  
Sister I. M. McDougall

ROYAL INFIRMARY  
GLASGOW  
G4 0SF  
TELEPHONE: 041-552 3535

Haemophilia Centre  
Wards 2 & 3

Ext. GRO-C  
Direct Line: GRO-C

GRO-B

4 November 1994

Dr. GRO-B

GRO-B

*file copy*

Dear Dr. GRO-B

RE: GRO-B DOB GRO-B/74  
GRO-B Glasgow GRO-B

Further to Dr. Ezekwesili's letter of 05/09/94, I recently reviewed this young man with severe Haemophilia at the Haemophilia unit on two occasions.

On the first occasion, I up-dated him on recent advances in knowledge about Hepatitis C and reviewed with him precautions with blood, sex and alcohol. He is known to be Hepatitis C antibody positive and he is also positive by the recently introduced HCV PCR test. He was advised about the possibility of chronic liver disease in the future and that his serum ALT has continued to be borderline elevated; his most recent result being 74 u/l. Other liver function tests are normal and he has no clinical evidence of liver disease.

He has now had two Hepatitis A vaccinations performed here and will have his third early next year. His anti-HBS titre is 84 iu/l and we shall also arrange a booster dose of Hepatitis B vaccine. I reviewed him with our physiotherapist as regards his recurrent ankle bleeds and chronic synovitis of the right ankle. X-rays of the ankle showed synovial thickening of the right side, with slight increase in density in keeping with the history of recurrent bleeds. The left ankle appeared normal. We advised him to attend three times a week for supervised physiotherapy under cover with his home treatment of SNBTS high purity Factor VIII concentrate and to review. He reported no problems with his home treatment, however he was due to return six months worth of report forms and was asked to do this. Generally, he has been in an office job for one year which he likes.

I reviewed him with our physiotherapist on 11/10/94, when he reported that despite physiotherapy and regular prophylaxis, as well as trying ankle supports, he still had chronic pain in the right ankle. Accordingly, we asked Dr. Lim (lecturer in rheumatology) to see him; which he did on 12/10/94 and agreed that there was synovitis of the right ankle.

# ANONYMOUS

We are arranging intra-articular steroid injection to settle this down covered with Factor VIII replacement and he is being admitted next week for this. Following the steroid injection we will ask him to treat himself daily with Factor VIII for several days and then review him at the clinic and then probably ask him to continue prophylactic home treatment three times a week for several weeks and on this regime I hope that his ankle synovitis will settle. We are also arranging for a liver ultra sound to be performed and have asked our consultant gastroenterologist Dr. MacKenzie to review him for consideration of Interferon therapy now that this has been licensed for chronic Hepatitis C.

We shall continue to review him regularly at the Haemophilia Clinic.

Yours sincerely

**G D O LOWE**  
CONSULTANT PHYSICIAN

cc. Dr. K. Lim, Rheumatology, Glasgow Royal Infirmary.  
Dr. MacKenzie, Consultant Gastroenterologist, Glasgow Royal Infirmary.