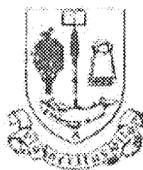


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## UNIVERSITY OF GLASGOW

HAEMOPHILIA AND  
THROMBOSIS UNIT

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GRO-B

7 January 1992

Dr GRO-B

GRO-B

Dear Dr GRO-B

GRO-B

GRO-B

GRO-B

DOB GRO-B 74

Further to my letter of 30 05 91 I recently reviewed GRO-B who has severe haemophilia at the Haemophilia Clinic. I was sorry to hear that he failed all his higher examinations and note that he is still at school and re-sitting to 2  
highers this year and is applying to colleges to do business studies. He is on home treatment with Factor VIII concentrate and treats bleeds as and when they occur and has no problems with this. Usually his bleeds are into the arm muscles, usually incurred by playing with his boxer dog, but he has had a few further ankles bleeds. Both his ankles are much improved and his walking ability is fairly normal and he only uses his ankle supports occasionally.

Physical examination was unremarkable apart from slight crepitus in the knees and left ankle and he was reviewed by the Unit Physiotherapist.

FBC, blood urea and electrolytes and liver function tests were normal apart from continued slight elevation of serum ALT at 67 u/l (upper limit of normal 55 u/l), immunoglobulins were normal. He is immune to hepatitis B following previous vaccination and his level of antibodies was 161 u/l and we shall check these in a further years time. He is positive for antibody to the recently described hepatitis C virus as shown by second generation tests, as is the case with most haemophiliacs who have received non heat treated blood products in the past. His chronically abnormal liver function tests noted initially at Yorkhill and subsequently here may therefore reflect chronic hepatitis C for which there is no specific treatment at present, although studies of Interferon are being conducted and this maybe an option for the future should his liver disease progress.

We shall continue to review him 6 monthly at the Clinic.

Yours sincerely

GRO-C

G D O LOWE  
CONSULTANT PHYSICIAN