

6-6-95

## REVIEW

NAME: GRO-B

HOSP NO: GRO-B

Haemophilia

Age GRO-B 64

HIV Neg.

Occupation GRO-B

HCV pos.

### Haemophilia

#### Present treatment:

one elbow bleed in 1994.  
No bleeds in 1995.  
reaction to 84 when elbow bleed was treated -  
required hydrocortisone. Both changed  
Annual use: No reaction to second injection

#### Prophylaxis:

#### Demand:

#### Planned treatment:

continue on demand therapy

#### Prophylaxis:

#### Demand:

### FE - general health

Urine-NAD

- ① Recently diagnosed as having asthma.  
Treated with inhalers by G.P. Uses b.d.  
No real problems since starting medication.
- ② Numerous episodes of lethargy since Feb. 1994.  
Tends to doze off as soon as he sits down  
& relaxes.
- ③ Numerous very mild flares from haemorrhoids  
that improved since injection in 1993.
- ④ Right knee tends to ache when he sits with  
the knee bent. Straining his leg releases pain.  
Pain is situated behind upper pole of patella.

⑤ Dry cough. No phlegm in blood.

Ab. treated for TB in 1990. Neg. culture. Some side effects from medication - stopped  
after 4/2.



**Transfusion Transmitted Disease:**

HIV Neg.

Medication

**Hepatitis (including vaccination)**

**HAV**

Not vaccinated - needs course of HAV vac.

GRO-C

**HBV**

> 100 iu <sup>23/5/95</sup> ~~HBsAg~~. Vaccinated.

**HCV**

Diminished viraemia, treatment + prognosis.  
16 Nov. wife died during that pregnancy - neg. for the death for cirrhosis.  
25/5/95: 84g AFP + LFT's normal. Thyroid function normal.

**Social**

Two daughters -

GRO-B

Convinced maintenance - 2 bedrooms. Far from wife's family but not much hope of rehoming.  
Possible brain injury. Suggest we check his frontal lobe.

**O/E**

**Height (children) =**

**Weight = 61.6 kg.**

Teeth need attention. Mouth + plaque obvious. Laceration.

B-I. 110/70.

Dark clear

Abdomen - liver + spleen not palpable. No masses.

All joints full ROM. No abnormal clinical signs - Rt knee.

**Conclusion**

Appears to be depressed. Tired when he wakes up in the morning. No specific worries identified but does have financial problems + would like different housing. No recent changes in life style.

**Plan**

- ① X-ray clear
- ② CT scan of liver for bile duct
- ③ Repeat HCV RNA (no detectable virus)
- ④ First dose of HAV vaccine given
- ⑤ Make app. for daughters to have 5m. blood sample.

GRO-C

# DEPARTMENT OF MEDICINE

CHRONIC HEPATITIS

10 th Floor (Ext GRO-C)

INVESTIGATIONS

Lab no:

RQ549

## Request Form

Clinical data

M/F

Hospital No:

GRO-B

Hepatitis Serology

Surname

GRO-B

First name:

GRO-B

LFT's

D. of Birth

GRO-B

64

Ward/Dept

HIC

Consultant

CALEE

Date:

6/6/95.

### Tests required

☐

Hepatitis B DNA

☐

10 cc plain tube (plasma)

☐

Alpha fetoprotein

☐

10 cc plain tube (serum)

☐

Anti-HCV

☒

HCV RNA NOT DETECTED BY bDNA

☐

ALT and AST

HHAA54



# HISTORY SHEET

Hospital No.

GRO-B

Surname

First Name

GRO-B

D. of B.

GRO-B

by

M/F  
M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

4/7/95

No further questions about Hb since discussion at review.  
would like children checked when they have their next checks  
done today. chest x-ray was clear. CT scan: no  
evidence of bleeding. 4/7/95. No significant noted.

Now on bicard as well as Ventolin for asthma. Better  
controlled.

GRO-C

15/5/95

21-30.

bicycle fell on @ top - still bleeding  
hematoma over @ shin. - 8cm.

able to move knee

foot fully

pulses present in foot.

no ev of bone/joint injury.

Rx 50%. Rx to 70%.

~~has~~

$$\frac{6 \frac{1}{2} \times 65}{1.5}$$

$$= \frac{2730}{1.5} = 1900$$

~~4 vials~~

5 vials

(2575)

repeat more.

GRO-C: R Jones



0/2 Testes (N)

→ Haematospirum  
MSO → Cytol, MC+)  
It recurrent → OES IV Pt Urologists referral

No RC No WC  
No Growth  
Cytology NAD

GRO-C

26/2/96

Liver/H-C

Serocomed 2/11/82 PCR Mg.  
Mild haemophili mild F VIII def.  
Liver concn <1980.

Asymptomatic.

IGTs  
HW ab  
HCV RNA.

6/12

GRO-C

20/2/96

Seen after Liver clinic  
On sling machine yesterday  
Now has pain in (L) Quadriceps muscle

0/2

Tender  
Small haematoma

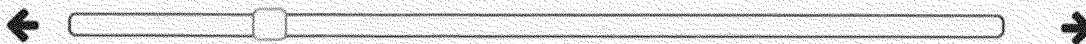
→ Rx to 50%  
Rest  
Review & rege.

GRO-C

## Correspondence » Legacy Notes » (Blank)

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ROYAL FREE HOSPITAL  
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LONDON NW3 2QG  
TELEPHONE 0171 704 0600



THE HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT  
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Consultant: Dr K John Pasi MB PhD MRCP MRCPsych  
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PM/gs/119682

26th February 1996

Dr GRO-B

GRO-B

LONDON GRO-B

Dear Dr GRO-B

RE: GRO-B (Mr) DOB: GRO-B/64  
GRO-B London GRO-B

We reviewed this patient in the Combined Liver/Haemophilia Clinic on 26th February 1996. Mr GRO-B suffers from mild factor VIII deficiency and also has antibodies to hepatitis C virus. However, he is HCV PCR negative and therefore we must assume he is immune to hepatitis C virus. His liver function tests are normal.

Yours sincerely

GRO-C

Pram K Mistry PhD MRCP  
Senior Lecturer/Hon Consultant Physician

Christine A Lee

INTERNATIONAL TRAINING CENTRE OF THE WORLD FEDERATION OF HAEMOPHILIA

NOT RELEVANT



# DEPARTMENT OF MEDICINE

CHRONIC HEPATITIS

10th Floor (Ext) GRO-C

INVESTIGATIONS

Lab no: R C 694

Request Form

Clinical data *Harm 4* M/F

Hepatitis Serology *HC + Ab +*

LFT's *Know NER x1*

Hospital No: GRO-B

Surname GRO-B

First name GRO-B

D. of Birth GRO-B 69

Ward/Dept *HC*

Consultant *HC*

Date: *19.8.96*

## Tests required

☐ Hepatitis B DNA

☐ Alpha fetoprotein

☐ Anti-HCV

☒ HCV RNA *not detected*

☐ ALT and AST

☐ 10 cc plain tube (plasma)

☐ 10 cc plain tube (serum)

HPA154

## Correspondence » Legacy Notes » (Blank)

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PM/gsl GRO-B

17 September 1996

Dr GRO-B

GRO-B

LONDON GRO-B

Dear Dr GRO-B

The Combined Liver/Haemophilia Clinic - 9th September 1996

RE: GRO-B (Mr) DOB: GRO-B/64

GRO-B

London GRO-B

Diagnosis: Severe Haemophilia A  
Past Hepatitis C Infection (HCV antibody positive, HCV PCR negative)

We reviewed Mr [redacted] in the Combined Liver Clinic on 9th September 1996. We have given him plenty of reassurance that he does not have chronic hepatitis C. He has been infected by hepatitis C virus in the past and he now appears to be immune.

Yours sincerely

GRO-C

Dr Prem Mistry  
Senior Lecturer/Hon Consultant Physician

Christine Lee

INTERNATIONAL TRAINING CENTRE OF THE WORLD FEDERATION OF HAEMOPHILIA

NOT RELEVANT