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Haematology
WHITTINGTON HOSPITAL
 ST. MARY'S WING.
 HIGHGATE HILL - LONDON N.19 5NF
 01-872 3070 EXT. **GRO-C**

Dr. Schechen
 Ext. **GRO-C**
 11.7.77

Dear Penny,

GRO-B

This boy has H/o nose
 bleeds since early childhood, and
 he says he bruises easily but not
 spontaneously. There is no family H/o bleeding.
 We found his P.T. is 50s.
 (control 18)
 P.T.T. 65 s-sec
 (control 46 s-sec)
 50/50 to normal plasma P.T.T. 53 s-sec

He is going for an operation for a
 malignant ulcer on his tongue. We would
 like your opinion about his bleeding
 problem before his operation.

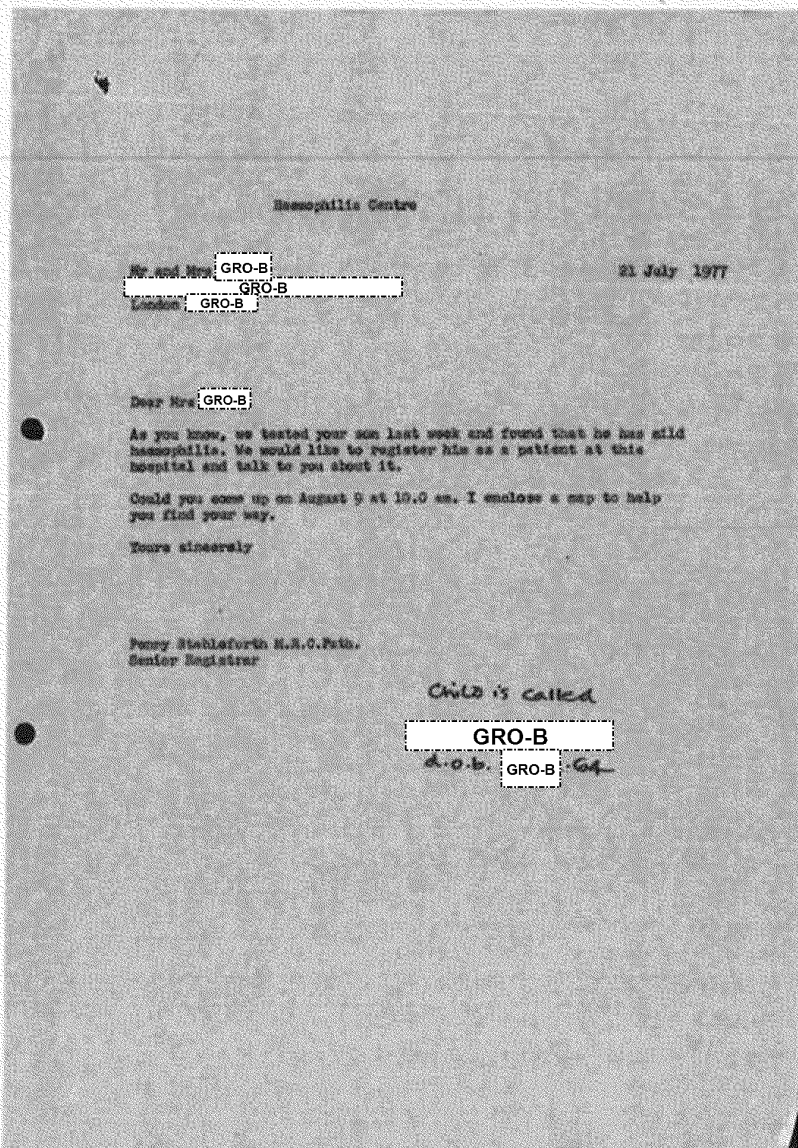
Thank you very much for your help.

GRO-C (P.T.O.)

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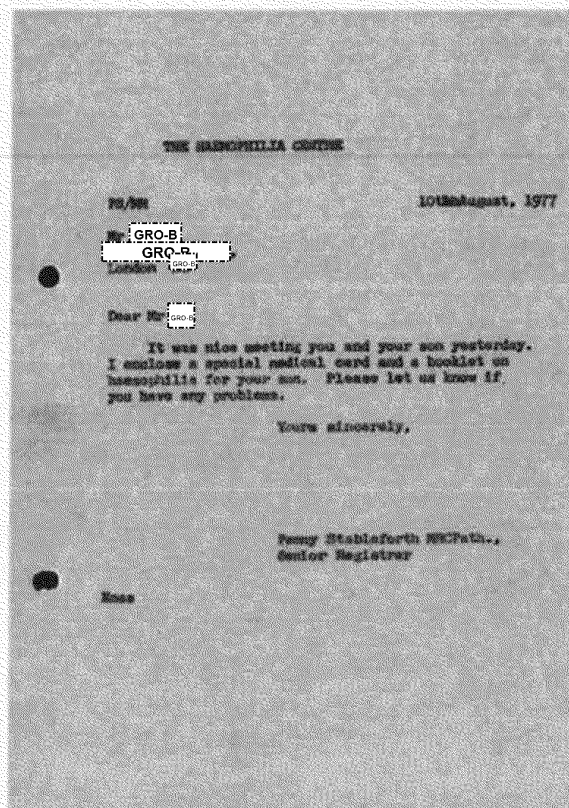


NOT RELEVANT

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Form B (1)

Notification of new cases of Haemophilia or Christmas Disease

Please complete for new patients with haemophilia or Christmas disease after their first attendance at your Centre and return in the enclosed envelope to Miss R.J.D. Spooner at Oxford Haemophilia Centre for inclusion in the National statistics.

Centre: ROYAL FREE HOSPITAL

Patient's name (in full): GRO-B

Date of Birth: GRO-B

Home address: GRO-B

Date first seen at Centre named above: 12.1.77

Reason seen: For diagnosis/registration/clinical assessment/treatment/other

Diagnosis: Haemophilia Factor VIII level: 75
Christmas disease Factor IX level:

Factor VIII/Factor IX Antibodies: Present/not present/not tested

Has the patient previously been registered/treated at another Centre? Yes/No
If yes, please give name of Centre

Case from Hong Kong

NOT RELEVANT

1/1

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SUMMARY OF CASE	
THE ROYAL FREE HOSPITAL PODS STREET, LONDON, NW3 2QG 01-724 8800	Hospital No. [REDACTED] 52/P
QUEEN MARY'S HOSPITAL, ROSE HEATH STREET, LONDON, W20 0U 01-428 4200	First Name [REDACTED] 52/P
NEW END HOSPITAL NEW END, LONDON, W20 1AH 01-428 7121	D. OF B. [REDACTED] 52/P
CORPUS BOON HOSPITAL BRUNSWICK HILL, W4 1LH 01-823 9700	Address [REDACTED] 52/P
	London [REDACTED] 52/P

Admitted 18/11/79 Discharged 24/12/79

G.P. Dr. [REDACTED] Consultant Dr. Karsoff

Principal Diagnoses Right groin bleed

Underlying Cause Mild haemophilia (VIII 7%)

Other relevant conditions or complications

Principal operation

Other operations or investigations

I apologize for the delay in sending you a summary of this boy's recent admission to hospital.

He was admitted on the 18th November, complaining of pain and stiffness in the right thigh and groin which had developed, spontaneously, a few days earlier. He had been treated as an outpatient with cryoprecipitate and analgesia, but this proved unsatisfactory.

On admission, he had signs of a bleed into the right groin, with fixed flexion of his hip, and ultrasound confirmed the presence of a haematoma in the right femoral canal. He was also treated with twice daily factor VIII initially and latterly daily treatment was given.

Unfortunately, the patient developed several symptoms over the ensuing weeks, including chest pain, weakness, muscle cramps, sore throat and general malaise, which caused considerable concern, but no obvious cause was found on examination. Numerous investigations were carried out as detailed below. Further complications arose when the patient absconded from hospital, after a bout of anxiety and depression about family problems, and re-bled into the right groin and possibly the left groin.

Further treatment with cryoprecipitate was given and eventually, after gradual mobilisation and hydro and physiotherapy, the patient was allowed home on the 24th December. At this time, he was mobile with crutches and has subsequently recovered well. The only significant positive finding in the numerous investigations

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carried out, was a rise in the AST from normal to 851.u/l.

Investigations:

Hb	13.5g/dl	(19/11/79)	
Hb	8.1g/dl	(19/12/79)	

Iron deficiency was confirmed by 5a Fe and TIBC and the patient was started on therapy with Fe Sulphate 200mg t.i.d.s.

WCC	$6.1 \times 10^9/l$	(19/11/79)	$3.5 \times 10^9/l$	(19/12/79)	62% neutrophils
Platelets	$240 \times 10^9/l$	(19/11/79)	$210 \times 10^9/l$	(19/12/79)	

The ESR was elevated, consistent with an increased globulin, attributable to treatment with cryoprecipitate.

Bacteriology:

Urine culture	sterile
Serology screening	- negative
Throat swab	- sterile
ASO titre	- borderline elevation on 2 occasions, probably not significant.
Toxoplasma titres	were not significant
Viral screen	- negative.

Wbs Ag	Repeatedly negative
Hbs Ab	Positive

Chest X-Ray	Normal
X-Ray of hips and pelvis	Normal
Hemostat	Negative

PT 13 secs. control 13 secs. On several occasions elevated, consistent with treatment with cryoprecipitate.

Urea & Electrolytes Consistently normal.

Liver Function Tests Showed a rise in AST on 2 occasions in December, but subsequently returned to normal (Su on 10/1/80). It is not clear whether this rise was of any significance and the liver function tests will be repeated in two months.

Protein electrophoresis Showed increased alpha globulin consistent with infusion of cryoprecipitate.

Creatine clearance Normal.

In summary, therefore, this young mild hemophilic sustained a spontaneous bleed in the right groin, which is unusual. He then developed a vague illness which is as yet undiagnosed, but resolved with bed rest. There were several social problems as his father had died not long before this admission and his mother is ill. GRO-B is also going through many adolescent worries and problems at the moment. I would hope that these have been partly solved by the intervention of the Social Work Department and by his mother's attendance at the Gynaecology Clinic here.

The patient was discharged on iron therapy which he should continue to take for some months.

Muriel Shannon
Senior Registrar

csc 29/1/80.