

Correspondence » Legacy Notes » (Blank)

07/10/2014 · Document 143 of 162 · Page 308 of

1119



The Royal Free Hospital

Pond Street
Hampstead
London NW3 2QG

Telephone
071-794 0500
Ext. **GRO-C**

HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

Dr P. B. A. KERNOFF, MD FRCP MRCPPath
Director

Dr CHRISTINE A. LEE, MA MD FRCP MRCPPath
Consultant Haematologist

GRO-B

IM:ah:EG REG.

13th November 1990

Dear Dr **GRO-B**

re: **GRO-B**, dob **GRO-B** 64, RFH No **GRO-B**
GRO-B London **GRO-B**

Just to bring you up to date with your patient with haemophilia, he has recently been troubled with haemoptysis occurring sporadically over the past two to three weeks. Coinciding with this he has developed cavitating lesions in his left upper lobe on chest x-ray. On further questioning, it appears that Mr **GRO-B** had tuberculosis as a child and was treated with chemotherapy for this. We, therefore, organised a bronchoscopy to perform broncho-alveolar lavage on him, although this did not demonstrate the presence of acid-fast bacilli. We, however, have a good sample for culture but, in this case, clearly cannot afford to wait until the results of this are through.

Following discussion with Dr Margaret Johnson, Consultant Chest Physician, we have decided that Mr **GRO-B** should receive quadruple anti-tuberculous therapy with Rifampicin, Isoniazid, Pyrazinamide and Ethambutol and I have prescribed this for him. I have warned him about possible optic toxicity from Ethambutol. The bronchoscopy was covered with prophylactic Factor VIII infusions.

In addition we have performed chest x-rays on his wife and month old daughter (who has not had a BCG). These are both reported as normal although his daughter does have a history of night sweats. I have, therefore, been in contact with the child's Health Visitor, who will be investigating her for the possibility of tuberculosis.

cont/d.

NOT RELEVANT

8/8

WITN3094081_0001

Correspondence » Legacy Notes » (Blank)

07/10/2014 · Document 143 of 162 · Page 310 of

1119



re: GRO-B

- 2 -

We will be seeing Mr. GRO-B every fortnight to monitor his liver function tests and I have told him that he should attend should he have any problems.

Kind regards,

Yours sincerely

GRO-C

Dr Ian Macdonald
SHO in Haematology

NOT RELEVANT

7/8

Correspondence » Legacy Notes » (Blank)

07/10/2014 · Document 143 of 162 · Page 298 of

1119

**The Royal Free Hospital**Pond Street
Hampstead
London NW3 2QGTelephone
071-794 0500

DEPARTMENT OF THORACIC MEDICINE

Ref MJ/GD 11 96 82

8th April 1991

Dr C Lee
Consultant Haematologist
Royal Free Hospital

Dear Christine

GRO-B dob: GRO-B 64
GRO-B London GRO-B

I have discussed this patient with my Registrar, Dr Lipman, as unfortunately I missed him when he returned to clinic as it was the week I was away on holiday. He gives a history that in childhood he had a chest infection for which he received nine months treatment which I think strongly suggests that at that time he had tuberculosis. Since that time he has remained well until October when he had an episode of haemoptysis. In view of the chest x-ray findings he was started on antituberculous treatment however bronchial washings failed to show acid fast bacilli either on direct smear or on culture. Following his recent admission, probably relating to Isoniazid, I understand you have stopped his antituberculous treatment. I think is entirely the correct course and would suggest that he should just be followed with regular x-rays. It may well be that the episode of haemoptysis is related to a small area of bronchiectasis following his TB in childhood. If you would like me to see him again please refer him to any Monday afternoon or Friday afternoon clinic.

Yours sincerely

GRO-C

Dr M A Johnson MD MRCP
Consultant Physician

GRO-C

Correspondence » Legacy Notes » (Blank)

07/10/2014 · Document 143 of 162 · Page 286 of

1119



The Royal Free Hampstead NHS Trust

Pond Street
Hampstead
London NW3 2QG

Telephone
071-794 0800
Ext.

HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

Dr P. B. A. KERNOFF, MD FRCP FRCPath
Director
Dr CHRISTINE A. LEE, MA MD FRCP MRCPath
Consultant Haematologist

Ref: ML/EAD

24th April 1991

Dr GRO-B
GRO-B
London GRO-B

Dear Dr GRO-B,

Re: GRO-B

Admitted 14th February 1991 to 22nd February 1991.

Diagnosis:

1. Haemophilia A: Factor VIIIc 70.
2. Possible recrudescence of tuberculosis.
3. Isoniazid induced psychosis.

This young man with mild Haemophilia A was treated for tuberculosis as a child in Hong Kong. In November last year he had an episode of haemoptysis and a cavity was noted in the cavity of the left upper lobe of his lung. He was started on prophylactic anti-tuberculous chemotherapy, but samples from the broncho alveolar lavage were negative on microscopy and culture for tuberculosis. On 14th February 1991 he presented with episodes of auditory, visual and olfactory hallucinations. There were no other focal neurological symptoms. Examination was entirely normal. His thought and speech content were also normal.

I presumed that these psychotic episodes were due to isoniazid

NOT RELEVANT

Correspondence » Legacy Notes » (Blank)

07/10/2014 · Document 143 of 162 · Page 288 of

1119



as there was no evidence of encephalitis or a primary psychiatric disorder. The isoniazid was stopped. CT scan and EEG were normal. After discussion with Dr Johnson's team it was decided that he had had sufficient anti-tuberculosis therapy and that the haemoptysis may be related to bronchiectasis. We will continue to follow him as an out patient.

Yours sincerely,

GRO-C

Dr Mike Laffan
Locum Consultant

NOT RELEVANT