

The Royal Free Hospital

Pond Street Hampstead London NW3 2QG

Telephone 071-794 0500 Ext.

HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

Dr P. S. A. KERNOFF, MD FRCP FRCPeth Director Dr CHRISTINE A. LEE, MA MD FRCP MRCPeth Consultant Haematologist

MAL/MJ/019363

13 February 1991

Dr Ivinson Shrewsbury H C Shrewsbury Road LONDON E12

Dear Dr Ivinson

Gary REDMAN - GRO-C	***
GRO-C	

This young man with mild haemophilia A (7% factor VIII) attended for his annual review on 13th February.

He appears to be in good health and suffers no spontaneous bleeds. He therefore has no home treatment. On questioning, his only problem appeared to be a recurrence of the cyst in his right earlobe. Otherwise, his life seemed satisfactory, although he does get some backache after sitting in his car for too long.

On examination, he appeared well. He has a moderate degree of acne. There were no stigmata of chronic liver disease and no lymphadenopathy detected. BP 120/80. Cardiovascular system normal. Chest clear. Abdomen normal. His joints were all normal, except the right elbow which he is still unable to fully extend. There was a small cyst in his right earlobe beneath the old scar.

We have repeated his routine bloods today including hepatitis C antibodies, which he has not had tested before. Following his booster, he had a satisfactory level of anti-hepatitis B antibody.

We will see him again in one year's time.

Yours s	incerely
	GRO-C

M A Laffan Senior Registrar in Haematology

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Dr. * * Name	: REDMAN, GARY
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	: Haemophilia Centre
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	13/02/91
CLINICAL DETAILS	MILD, HAEMOPHILIA
HEPATITIS B SURFACE ANTIGEN	Negative
HIV 1 ANTIBODIES	Negative
LILY CANLADODAMO	
HEPATITIS B CORE ANTIBODIES	Negative
HEPATITIS B SURFACE ANTIBODIES	*POSITIVE*; < 6.25 IU/litre "
HEPATITIS C ANTIBODIES	*POSITIVE* •
(END OF REPORT)	
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