

Witness Name: Royal Free Hospital (Jennifer Moira Cross)
Statement No. WITN3095001
Date: 23 May 2019

EXHIBIT "WITN3095001/14"

This is the exhibit marked "WITN3095001/14" referred to in the first witness statement
of Jennifer Moira Cross dated 23 May 2019

William Spellman, 18/12/1943, NHS No.4227741688

26/06/2008

Patient information letter

As we discussed on the evening of Wednesday 25 of June I have collected the data from your upper and lower gut endoscopy tests and your recent bone marrow and trephine. I enclose a copy of the reports as you requested.

UPPER GI Endoscopy

Small oesophageal varices, Multiple Stomach polyps and gastric Antral Vascular Ectasia (watermelon stomach). Duodenum telangiectasia, angioma. Biopsies taken. APC applied to telangiectasia and inflammatory polyps to return in 4 weeks for repeat APC.

Colonoscopy

malena on one side of colon no active bleeding. Rectal Varices noted no bleeding. For high dose PPI for 8 weeks. Omeprazole 40 mg PO BD.

The Bone marrow has not sampled a large enough piece of tissue to be clear about a diagnosis. This may be because the bone marrow is suppressed. I have discussed this with Dr Kottarides in haematology and he suggests performing a repeat. He indicated that this may be this week and you may already have heard from him. I hope we can take this forward as clearly you are very dependant upon blood transfusion at present and I would like to get to the bottom of the reason for your recurrent anaemia. I hope you are well. I look forward to seeing you on the dialysis unit later this month.

Request dated: 15May08 Results received: 15MAY08 Code No:: 0008S007058

enc.. HISTOLOGY REPORT

Bone marrow trephine

Clinical Details

AML 1989, CRF, Hep C, pancytopenia ? cause

Macroscopic Description

Pot labelled: SPELLMAN, WILLIAM - Trepine

Two cores of tan bony tissue, the longer measuring 6 x 2 x 2mm and the shorter measuring 5 x 2 x 2mm. 2 in 1. AE

Specimen is left to fix prior to decal. JG/PP

Two short cores of suboptimal marrow showing essentially cortical bone and a small focus of maturing myeloid and erythroid cells. There is no increase in CD34 positive blasts in this little focus.

Diagnosis

Suboptimal bone marrow insufficient for diagnosis. BK/EP

Reporting Pathologists

Dr Baljeet Kaur (ST3)

Professor P.G Isaacson (P)

Consultant

Microscopic Description

Gastric biopsies

Microscopic Description

Request dated: 28May08 Results received: 28MAY08 Code No.: 0008S007710

Sections show oedematous gastric mucosa with foveolar hyperplasia. Vertical smooth muscle bundles are seen in the superficial lamina propria. Some glands are mildly dilated. Moderate chronic inflammation is present. No active

inflammation is present or Helicobacter pylori are seen. There is no intestinal metaplasia, dysplasia or evidence of malignancy.

Conclusion

Gastric biopsies with chronic gastritis and features suggesting hyperplastic polyps.

Sections show oedematous gastric mucosa with foveolar hyperplasia. Vertical smooth muscle bundles are seen in the superficial lamina propria. Some glands are mildly dilated. Moderate chronic inflammation is present. No active inflammation is present or Helicobacter pylori are seen. There is no intestinal metaplasia, dysplasia or evidence of malignancy.

TO:
DR WILLIAM SPELLMAN

GRO-C

cc: Dr DI CROSTHWAITE
WALLACE HOUSE
9-11 ST.ANDREW STREET
HERTFORD
SG14 1HZ

Dr Mark Harbet, Consultant Nephrologist
Professor John Cunningham Consultant nephrologist
Dr Garreth Jones Consultant Nephrologist

FROM:
Dr Jenny Cross FRCP