

# **CW Exhibit 2**



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# The Royal Free Hospital

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HAEMOPHTHIA CENTRE & HAEMOSTASIS UNIT

GRO-C

EG/VHL/81 28 00

18 September 1987

## T O W H O M I T M A Y C O N C E R N

Mrs Colette Wilcox - GRO-C 59  
c/o P O Box GRO-C Abu Dhabi UAE

Mrs Colette Wilcox (nee O'Donnell) is a carrier of mild haemophilia A. She has a lower than normal level of factor VIII:C (33 u/dl) and over the years has had a number of problems related to her bleeding tendency.

In 1976, tonsillectomy with factor VIII cover at the time of surgery, was complicated by severe haemorrhage 3 days later which required multiple blood transfusions and prolonged treatment with factor VIII. A bleeding duodenal ulcer required treatment in 1980. Treatment with factor VIII to cover a back manipulation in 1983 was followed three months later by an acute attack of hepatitis B. Liver function tests remained mildly abnormal afterwards but she has remained HB Ag negative since February 1984 when she came under the care of the Royal Free Hospital. She had a further attack of hepatitis, probably non A non B in 1985.

When younger she experienced heavy periods and flooding which was successfully controlled by taking the contraceptive pill. She has been increasingly troubled by a recurrence of the problem in recent months. She was referred to Mr P A F Chalk, Consultant Gynaecologist, who found no abnormality on clinical examination. He suggested that she take Duphaston (Dydrogesterone) 10 mg. daily from the 15-25th day of her cycle in an effort to reduce menstrual loss, provided there was no objection from Professor GRO-D on the grounds of her past history of hepatitis.

Professor GRO-D agreed that she could take Duphaston so long as her liver function tests remained normal. Any abnormality resultant on therapy would be expected to be reversible. She has been prescribed Duphaston as suggested for three months. Her liver function tests should be monitored regularly once a month and the therapy should be stopped if any significant deterioration is noted. Recent AST levels have been between 40 and 50 iu - normal range 15-40 iu.

On her most recent visit here it was noted that Mrs Wilcox did not have adequate levels of antibody to hepatitis B. She has been given the first dose of a course of vaccine for immunisation against hepatitis B and has been given the balance of the vaccine to take with her to Abu Dhabi. The second dose should be given one month from today (18.9.87) and the third dose 5 months after that. The vaccine should be given subcutaneously and not intramuscularly because of her bleeding tendency.

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Mrs Colette WILCOX

She may require treatment to secure haemostasis if she requires surgery or suffers severe injury. The treatment of choice in the first instance would be DDAVP (Desmopressin) 0.3 µg/kg made up to 30 ml. with normal saline and administered very slowly intravenously. Tranexamic acid 1 g 3 x daily should be given for 5-7 days. She has been given supplies of DDAVP and Tranexamic acid to take with her.

There is a 24 hour service at the Royal Free Hospital Haemophilia Centre and further information can be obtained by dialling 01 - 794 0500 and asking for the haemophilia doctor on call.

Yours sincerely

GRO-C

Eleanor Goldman MB BCh  
Clinical Assistant