

Witness Name: K Ashton
Statement No: WITN1416001
Exhibits: WITN1416002-13
Dated: November 2018

INFECTED BLOOD INQUIRY

EXHIBIT WITN1416009

DEPARTMENT OF HAEMATOLOGY

Direct Lin
Fax

GRO-C

Consultants:

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MH.HSL.VB.1267744

15th April 1997

Dr Lyell

GRO-C

Dear Dr Lyell

Kate Ashton GRO-C 64

GRO-C

Diagnosis: 1. AML in CR, 2. Hepatitis C positive, 3 Recent onset of epilepsy.

Count: Hb 13.5g/dl, WBC $7.5 \times 10^9/l$, Plts $195 \times 10^9/l$

Present medications: Phenytoin and Prempak C

This 32 year old woman was reviewed in clinic on 9.4.97. I was disappointed to see that St Thomas' did not follow my suggestion of arranging an MRI in view of her past history of TBI, recent onset of epilepsy and a normal CT scan. Interestingly, whilst on holiday in Holland recently she experienced a further fit and underwent an MRI there which apparently showed a pituitary tumour which she subsequently had removed in Holland. It is extremely likely that this relates to her previous TBI and it would be useful to get the histology report.

Investigations from her last visit have unfortunately shown that Kate is hepatitis C positive and this almost certainly relates to her intensive blood product transfusional support post-autograft in 1989 prior to routine screening of blood donors. She does have mildly abnormal LFTs but normal clotting and on examination I could find no evidence of chronic liver disease.

Her AML remains in remission although I note she does have a mild macrocytosis. Hopefully this relates to her liver disease. She has no overt dysplastic changes on her peripheral blood film but we should consider repeating a bone marrow in the future.

I discussed with her the implications of the finding of hepatitis C including the risk of developing chronic liver disease and risks of transmission.

She is due to be seen again by the neurologists at St Thomas' in the near future for

Hep C
1st diagnosed

Kate Ashton/2

a repeat MRI and further management of her anti-epileptic therapy.

Her ferritin is raised at 2157ng/ml but as you know hyperferritinaemia is a feature of chronic liver disease and in this situation may not strictly reflect iron body stores. This makes the management decision regarding further venesection a little difficult.

I plan to refer Kate to Dr Theodossi for consideration of liver biopsy.

We will see her again in three months.

Yours sincerely

GRO-C

M HAMBLIN
Senior Registrar in Haematology