

Witness Name: Kathleen Stewart

Statement No.: WITN1002001

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INFECTED BLOOD INQUIRY

EXHIBIT WITN1002017



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CAL/LRB/213147

12th March 1991

Dr R Miller
Kentish Town Health Centre
2, Bartholomew Road
LONDON
NW5

Dear Dr Miller,

Angus STEWART (Senior) GRO-C 38
GRO-C London GRO-C

I saw Mr Angus Stewart senior on the 8th March for review. It had come to our notice that we had not written to you for some years and I think we really need now to put this patient on regular annual review to rectify that. It is not normally our practise to review people with von Willebrand's Disease but clearly this patient has major problems.

He is now aged 52 and he works as a manager in British Telecom which is now a desk job. Formally he used to actually do work underground. His von Willebrand's baseline measurements as taken from 1980 showed an VIIIIC of 95, a von Willebrand factor Antigen of 70, a von Willebrand factor RiCof of 20 and a bleeding time of greater than 20 minutes. His major bleeding problems are epistaxis, he had a very severe epistaxis some two weeks ago and required treatment with factor VIII concentrate, haemate P. He was seen at that time in the ENT Department and I think they have given him some nasal drops and they are going to follow him up in the April.

I think we need to consider in the centre whether he actually should regularly be treated now on haemate P, formally he has had DDAVP, but we are a little wary of this in people with cardio-vascular problems because it has been known to cause myocardial infarction.

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A further problem he has is of hypertension, this was first noted I think in 1980 when he was actually referred to the cardiologist here. I understand that he is now on one atenolol a day which was started three to four years ago. Today I took a standing blood pressure which was 130/100, a sitting blood pressure which was 130/80 and a lying blood pressure which was 140/90. It does seem that you now have this under control with atenolol and I would not suggest any change in dosage with these kind of levels. He is of course severely over weight, he is 129kgs which was over 20st, he tells me that he weighed 13st 8lbs when he was 21 so I guess this is nearer his normal weight. He is most reluctant to see a dietitian but I am sure this over weight does not help the hypertensive situation.

This third major problem is that of anaemia. However, this seems to be improving, we now have levels on the 31st December of 8.6gms, on the 1st February of 9.3gms and on the 25th February on 10.2gms. He is on treatment with ferrous sulphate which he takes in one to two tablets daily and it does seem that the anaemia is responding. He was extremely reluctant to have a transfusion.

He does have a longstanding problem with haemorrhoids and this will not help his anaemia. I have therefore referred him to Mr Lewis.

10 Years Later STILL Investigating

The medication he is on at present is the atenolol that I have mentioned above which he takes in a dose of one a day. He also has tranexamic acid, this is an anti-fibrinolytic agent and he takes this in a dose of a 1,000mgs three times a day when he has a bleed. It is extremely effective. I have given him a supply today, but he may come to you for further supplies in the future. He has some kind of nasal drops and he is intending asking you to resupply him with these because he hadn't got the appropriate bottle here today.

Fortunately, he has taken the advice of stopping smoking and he stopped eight to nine years ago.

He has chronic hepatitis, we know that he had non-A non-B hepatitis in March 1980 when he had his first exposure to factor VIII which at that time was unheated. This is very well documented and we know now that he is anti-HCV positive. His AST is consistently abnormal. We are now in the process of treating some of our patients who have chronic non-A non-B hepatitis with interferon. I mentioned this study to him, but he said "we can

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leave him out". However, I feel I have explained to him about non-A non-B hepatitis and the possibilities of that kind of treatment in the future.

I have to confess that I myself have become extremely muddled about this family to the extent that I actually referred GRO-C to our surgeon here for his haemorrhoids instead of Angus. We now have under our care: GRO-C, aged 50, who is GRO-C Angus Horatio Stewart, aged 27, who is his son; Mark Stewart, aged 23, who is also his son and GRO-C GRO-C aged 33, GRO-C

We have today taken review bloods to check his haemoglobin liver function tests and viral studies once again and I would plan to review him once a year. However, inevitably he will attend between those visits with acute problems.

Once again I do apologise that we seem not to have communicated to you for some years and I hope that this will now be rectified.

Yours sincerely,

GRO-C

Dr Christine A Lee
Consultant Haematologist

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