

Witness Name: Dr William Cash

Statement No.: WITN3178002

Exhibits: WITN3178003-12

Dated: 6th November 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN3178006

Western Health & Social Care Trust
Altnagelvin Area Hospital, Glenshane Road, Londonderry BT47 6SB
Telephone (028) 71 345171

Altnagelvin Hospital has a no-smoking policy

IN CONFIDENCE

30/09/09

Dr R N Black
Consultant Physician in Endocrinology,
Diabetology & Acute Medicine
Altnagelvin Hospital
Glenshane Road
Derry
BT47 6SB

Dear Dr Black

PATIENTS NAME: MR EDWARD FRANCIS CONWAY DOB: GRO-C 1958
ADDRESS: GRO-C
HOSP No: AH 000651 H+C No: 606 013 0801 CLINIC DATE: 18/09/09

NEUROLOGY CLINIC

Many thanks for asking me to see this 51 year-old man who has known haemophilia A.

He was admitted to AMU on the 1st September 2009 with confusion. Unfortunately Mr Conway could not provide any history or reason for his admission. Following admission he had an MRI scan of brain, which was reported as showing deep periventricular ischaemia and a pontine signal change consistent with ischaemia or pontine myelitis. An MR Angiogram Time of Flight has been reported also as normal. An ECG showed sinus rhythm. An echocardiogram is awaited.

Mr Conway has had haemophilia A since childhood. He has had numerous joint bleeds. He usually takes 2000-3000 units three times per week of Factor VIII. He also has a history of hepatitis C. Finally, he explained to me that he drinks 8-10 bottles of Millar four times per week but has a drink on most days of the week.

He is separated. He lives alone. He has two children. Of his two brothers, one has haemophilia. He has seven sisters one of whom is dead.

He smokes 15-18 cigarettes per day. He has no history of diabetes or hypertension. There is no family history of stroke.

He denied any problem with his bladder or bowels. He reported that his memory was not too bad but I note that his mini mental state examination on the 14th September 2009 was just 24/30 and he dropped all three points in recall. He was unsure of how good his walking was.

He takes Simvastatin and Factor VIII 3000 units on a Tuesday, Thursday and Saturday.

EXAMINATION: He was plethoric. His visual acuity was 6/18 on the right and 6/36 on the left. He had vertical upgaze nystagmus, which was worse in the primary gaze. His visual fields were full. His pupils were equal and his discs appeared intact. Lower cranial nerves were normal. Detailed neurological examination of his limbs revealed a hint of weakness at right hip flexion at grade 4+. He was unable to heel-toe-walk. He had a deformed left knee, which was apparently secondary to a RTA. Sensation appeared intact.

Other blood investigations showed abnormal liver function tests with a GGT of 417, an ALT of 90 and AST of 50. An eGFR was >60. FBC normal. It appears that when he came in he was hyponatraemic with a sodium of 131 but this only went up as far as 139.

IMPRESSION: As there is a lack of further history, it remains difficult clinically to distinguish between ischaemia and pontine myelitis although the latter does not necessarily need a huge sodium shift.

I have suggested checking an ESR and obtaining the echocardiogram report. I have emphasised the importance of cholesterol and blood pressure control. I think you said that he has been covered with Pabrinex. I have advised Mr Conway to stop drinking all alcohol. I will seek a formal neuroradiology report on his scan to try and help with the pontine lesion but also to ensure that his left vertebral artery is indeed visible. I have not arranged any further follow up.

Yours sincerely

Electronically signed by:

Dr Mark McCarron

Consultant Neurologist

Cc Dr Stone, Cityview Medical
Dr Benson, Consultant Haematologist, BCH

Cs