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CRMH/VLW/76/6459

28 December 1995
(Clinic Date: 20 December 1995)

GRO-B

Dear Dr GRO-B

Re: David GRO-B 1959
GRO-B

DIAGNOSIS: Moderate Severity Haemophilia - 15% Factor VIII
HIV+

I saw David for review today. There is no downward trend in his blood sugars, some of which are as high as 28, since he stopped his DDI.

He is 36 years old and has a family history of maturity onset diabetes. It may well be that this is just simply maturity onset diabetes rather than the glucose intolerance which has been described in relation to DDI (even in the absence of pancreatitis). He is symptomatic from his diabetes and has lost a stone in weight and has polyuria and polydipsia. I have therefore started him on Glibenclamide in the usual starting dose of 5mg a day despite his known liver disease.

I have suggested to his wife, GRO-B, that she checks his blood sugar twice a day every second day and that she reduces the dose if his blood sugar rapidly comes back into the normal range since hypoglycaemia is a risk, particularly in patients with underlying liver disease. Should his blood sugar be more resistant, I have suggested that she increases the dose by 2½mg once a fortnight rather than the usual once a week.

I will review him in 4 weeks time. I have made no other changes in his treatment.

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David GRO-B Continued

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He continues to suffer from nose bleeds, which are a bit of a puzzle since this is not a feature of moderate severity haemophilia and since there is no obvious evidence of underlying sinus or nasal problems.

I noted a spot of oral hairy leukoplakia on the left side of his tongue and there was some evidence of lichen planus in his buccal mucosa.

Yours sincerely

GRO-C

*Dr C R M Hay
Consultant Haematologist
Director Manchester Haemophilia Comprehensive Care Centre*

*CC: ✓ Dr Mandal Consultant in Infectious Diseases, North Manchester General Hospital,
Crumpsall, Manchester.*