

**Manchester Haemophilia Comprehensive Care Centre**

Department of Haematology  
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P/A to Dr P Bolton-Maggs Karen Taylor Tele/Fax **GRO-C** e-mail karen.taylor@ **GRO-C**

**Our ref:** **GRO-B** **MedisecNET ref:** **GRO-B** **Clinic Date: 03 June 04**  
**NHS No:**

Dictated: 03 June 04

Typed: 04 June 04

Dr **GRO-B**

**GRO-B**

Lancs **GRO-B**

Dear Dr **GRO-B**

**Re: Mr GRO-B - DOB GRO-B 1960**  
**GRO-B**

Diagnosis: Severe haemophilia  
HIV  
Hepatitis C RNA negative

Mr **GRO-B** came for review today with his wife. I note that **GRO-C** and he seems in reasonably good health. His main complaint was of increasing unsteadiness and difficulty walking and indeed he now always takes elbow crutches with him when he goes out. I note that he has also had a stair lift at home to get himself up and down the stairs ever since he developed peripheral neuropathy since he cannot manage even a single step. He attributed the unsteadiness in his feet and his difficulty walking to his joints, specifically identifying problems in both ankles, his right knee and both hips. In actual fact his hips appear normal, his left knee was operated on some years ago and the prosthesis is still functioning well. The right knee obviously has osteoarthritis since it has a 10° fixed flexion deformity and moves with some crepitus, but this OA is not particularly severe. Both ankles are completely shot. They are both very painful and move with crepitus and have only about 20° – 25° of flexion. He reminded me that I had offered him fusion of his ankles for ankle pain some years back and had been regretting his decision not to have it done ever since! He has a past history of intolerance to non-steroidal anti inflammatory agents and does suffer indigestion from time to time. He obviously has peripheral neuropathy, which is painful and is associated with altered sensation up to the knees. He has hyperesthesia around his feet. The muscles in both legs are all wasted.

I think his unsteadiness is probably attributable to a combination of peripheral neuropathy and ankle arthritis. I am not aware that he is taking anything specific for his neuropathy such as Gabapentin or antidepressants or anticonvulsants. He is taking MST for pain and the dose has been very stable over the years. I have prescribed Celecoxib 100mg bd with instructions to double it if he tolerates it, but finds it not particularly helpful.

I will review him in 6 weeks from this point of view.

Yours sincerely

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

Dr E Wilkins  
Consultant in GU Medicine  
Manchester Centre for Sexual Health  
MRI