

OXFORDSHIRE HEALTH AUTHORITY

Telephone Oxford **GRO-C**

Ex:

OXFORD HEMOPHILIA CENTRE

The Churchill Hospital

Headington

Oxford

OX3 7LJ

Our ref:
Your ref:

GRO-C

6th July, 1990

Dr. A.C. Young,
The Surgery,
ISLIP,
Oxon.

Dear Dr. Young,

RE: Roger CLARKE (d.o.b. **GRO-C** 1954)

GRO-C

This young man came for his regular six monthly review. His liver function remains abnormal but has not deteriorated and he is well. He drink only minimal alcohol which I doubt is related to the biochemical abnormalities and I do not think at present any further investigation of his liver is justified.

I have arranged to review him in six months time.

Yours sincerely,

J.M. Trowell
Hon. Con. Physician.

OXFORDSHIRE HEALTH AUTHORITY

Telephone Oxford **GRO-C**

Ext. **GRO-C**

Our ref: **GRO-C**

Your ref:

The Churchill Hospital

Headington

Oxford

OX3 7LJ

O X F O R D H A E M O P H I L I A C E N T R E

6 January 1991

Dr A C Young
The Surgery
Bletchington Road
Islip
Oxon
OX5 2TQ

Dear Dr Young

Re: Roger Clarke dob **GRO-C/54**

GRO-C

Mr Clarke had one episode of dyspeptic symptoms with indigestion immediately after Christmas. He said it was brought on by eating and he had no vomiting or diarrhoea and after a few days passed spontaneously. He also told me that he had had some indigestion in 1984 which had been treated without investigation by Tagamat but on this occasion he has not received any medication.

Examining him there was nothing of significance and his liver function tests remain abnormal, in fact with a slight increase in both his GGT from 431 to 466 and his alkaline phosphatase to 348. His AST is also increased to 129 and bilirubin 28, which is the first time this has been outside the normal range.

He is against investigation at the present time but I think it would probably be appropriate to ask him to have his liver function tests rechecked next month, as before receiving these results I had in fact deferred further for about six months.

You will remember that as the result of bronchoscopy a he was diagnosed as having sarcoid and I have always believed that this probably was a granulomatus hepatitis in his liver and have not pursued further investigation in view of his haemophilia.

Yours sincerely

Dr J Trowell
Hon Consultant Physician

DDI **GRO-C**

GRO-C

6 January 1991

Mr R G O Clarke

GRO-C

Dear Mr Clarke

I have the results of your various tests and I think probably we should repeat them next month as you had the episode of pain at Christmas time. I am sure these could be rechecked at the Haemophilia Centre unless you wish to make another appointment to see me. It could be done on any working day at your mutual convenience.

Yours sincerely

Dr J Trowell
Locum Consultant

OXFORD HAEMOPHILIA CENTRE

DDI Tel:

GRO-C

General Enquiries

Tel: 0865 225300

Our Ref: GRO-C

16th October 1991

Dr. A.C. Young
The Surgery
Bletchington Road
Islip
Oxon
OX5 2TQ



Dear Dr. Young

Re: Roger CLARKE d.o.b. GRO-C 54
GRO-C

Mr Clarke is keeping well and it is interesting to note that his liver function tests have improved since the last time they were taken. I have arranged for a further sample to be checked and he tells me that his chest x-ray has also cleared so it would appear that his problem is passing spontaneously into remission.

I have arranged to review his progress next time he is seen at the Haemophilia Centre, for a routine follow-up next year.

Yours sincerely

Dr. J. Trowell
Hon. Consultant Physician



HEADINGTON · OXFORD · OX3 7LJ
TELEPHONE OXFORD (0865) 741841

257011

GRO-C

23 March 1972

Dr A C Young
The Surgery
Blenkingdon Road
1211F
Oxon
OX5 2TQ

Dear Dr Young

Re: Roger Clarke Job **GRO-C** 54

GRO-C

Roger Clarke has gained some relief from his itching with cholestyramine but still noticed that this led to diarrhoea.

When I saw him earlier this month he was I thought less jaundiced and seemed to be living his life normally with a recent business trip to the United States, but he did actually comment that he does tend to tire a little. However he is convinced he is better and doesn't wish for any further investigation and his liver function tests do confirm that his bilirubin has dropped slightly.

I am not sure that we have a precise aetiology for his liver abnormalities. We have assumed they were associated with the granulomatous problem with his chest but it is unclear as that has now resolved quite why his liver should have become worse currently. He has himself always minimised his symptoms and problems and is therefore difficult to persuade that he requires further investigation.

We have compromised and he has agreed to have blood taken on a monthly basis so that we can monitor the situation and I shall see him in three months time.

Yours sincerely

Dr J H Trowell
Hon Consultant Physician

2044

Pink

225300

Our Ref: GRO-C

10th June 1993

Dr. A.C. Young
The Surgery
Bletchington Road
Islip
Oxon

Dear Dr. Young

Re: Roger CLARKE d.o.b. GRO-C/54

GRO-C

Roger came to see me at the end of May. His complaint was of itching and pale stools which although they occurred after the sphincterotomy have obviously been troubling him more recently. He has not been taking Questran because when originally prescribed he took it in substantial doses and found that he had uncontrollably diarrhoea but I have stressed to him that if he takes it in small and only gradually increasing increments he should be able to tolerate it. Most patients will find that over a period of 1-2 weeks their itching is controlled with Cholestyramine between half and one sachet a day and really there is little point in taking a greater dose than this. I imagine that he was disappointed when the first dose failed to achieve a result and I spent sometime explaining to him the mode of action in binding the bile salts and excreting them progressively and thus gradually lowering the level.

Apart from the itching he is slightly jaundice and although he had no abdominal tenderness and a well healed scar I think he is concerned about his health and does not feel as well as he would like.

In view of his various job changes and some insecurity on that count I think he is having to rethink his life style and commitment quite substantially.

I have asked to see him again early in July to review his progress and discuss the situation further with him.

Yours sincerely

Dr. J.M. Trowell
Hon Consultant Physician

Fax:

GRO-C

GRO-C

03 March 1993

Dr A C Young
The Surgery
Bletchington Road
ISLIP
Oxon
OX5 2TQ

Dear Dr Young

Re: Roger Clarke dob GRO-C/54

GRO-C

I saw Roger Clarke today. I was disappointed to see that he has again become a little jaundiced and he was understandably anxious and concerned that he felt unwell and appeared to have a recurrence of the symptoms which he associates with his gallstone problems last year.

bilirubin tree
I have discussed with him the various diagnostic possibilities and told him in the first instance we ought to visualise his bilirubin tree and have arranged for him to have an ultrasound done at the John Radcliffe by Dr Linsell who examined him before, on Thursday of this week. With this information I will discuss the problem with Mr Britton, who operated on him last year and will keep you informed.

Yours sincerely

Dr J M Trowell
Hon Consultant Physician

cc Dr J Britten
Consultant Surgeon
John Radcliffe Hospital

Pink

225300

Our Ref: **GRO-C**

5th August 1993

Dr. A.C. Young
The Surgery
Bletchington Road
Islip
Oxon

Dear Dr. Young

Re: **Roger CLARKE** dob: **GRO-C54**

GRO-C

Roger Clarke was looking well when he came to see me on the 27th July. He is working hard and at present his job is still there although he believes he may be made redundant after the end of September. He is certainly looking hard for alternative employment.

His main symptom of itching responded to the cholestyramine treatment within a week and since then he has not needed to repeat this and on examination he was well with no abnormalities.

His most recent liver function tests show a bilirubin of 20 and an AST of 151 with a GGT of 458, these levels all show improvement on those taken at the end of May.

He has an appointment to be reviewed in a year but knows that he can see me sooner if there are acute problems.

Yours sincerely

Dr. J.M. Trowell
Hon Consultant Physician

cc Mr. J. Britton
Consultant Surgeon
John Radcliffe Hospital

54C
note

year 51.1.74
after approval by
patients

UNIVERSITY OF OXFORD

Dr Joan Trowell FRCP

Tel: Oxford (0865) - **GRO-C** Direct Line)
741166 (Switchboard)

John Radcliffe Hospital
Headington
Oxford
OX3 9DU

GRO-C

31st December 1993

Dr C Thompson
Occupational Medical Department
Penguin Books
Bath Road
Harmondsworth
Middlesex

Dear Dr Thompson

Roger Clarke dob **GRO-C** 54

GRO-C

Thank you for your query about this patient. I am sorry about the delay in response but I had originally been asked by Mr Clarke not to contact anybody without his specific authorisation and so I have been in touch with him again in the meantime.

Mr Clarke was first referred to my care in 1988, after an employment medical had found abnormal liver function and an abnormal chest x-ray. He was seen initially by the staff at the Haemophilia Centre at the Churchill Hospital who had looked after him for many years as he has haemophilia A with 1-2% of factor VIII. His haemophilia has required little intervention over the years.

Investigation in 1988 and 1989 suggested that his liver dysfunction and chest x-ray abnormalities might be the result of a previous infection with coccidiomycosis and now resulted in granulomatous disease which was not considered to require any intervention or therapy. He was seen at that time by Dr Julian Hopkins at the Chest Unit at the Churchill Hospital.

Since then I have seen Mr Clarke at routine follow-up appointments and his liver dysfunction continued. We considered that he had a form of sarcoid and no specific therapy was instituted. During 1992 he had several episodes of severe abdominal pain and became jaundiced. Investigation showed that he had a stone in the bile duct and initial attempts to remove this with an ERCP and sphincterotomy were successful. However he did have some bleeding after this procedure and had a laparotomy and cholecystectomy with control of the bleeding. A liver biopsy was done at this time and confirmed that he had a granulomatous hepatitis. There were well defined epithelial granulomas within the biopsy and some fibrous reaction around them. Special stains for acid fast bacilli and fungi were negative. He had a stormy post-operative course but made a good recovery.

His liver function has remained ^{ab-}normal and he has been jaundiced at times but a repeat ERCP did not show any obstruction. The sphincterotomy was well healed and the ducts were not dilated, with no clear filling defects.

I reviewed him at the end of July when he looked well. His main symptom was itching for which we are treating him with Cholestyramine and although his liver function tests remain abnormal, his bilirubin had improved somewhat to 20. At that time no further intervention was thought to be necessary unless he got further symptoms.

Mr Clarke remains under review from here and I would see him at any time if there were problems.

Yours sincerely |

GRO-C

JOAN M TROWELL
Hon Consultant Physician

Oxford
RADCLIFFE
HOSPITAL

Oxford Haemophilia Centre
THE CHURCHILL
HEADINGTON
OXFORD OX3 7LJ

DIRECT LINE GRO-C
FAX NO

Our Ref: GRO-C

5th October 1994

Dr. A.C. Young
The Surgery
Bletchington Road
Islip
Oxon OX5 2TQ

Dear Dr. Young

Re: Roger CLARKE dob GRO-C/54
GRO-C

Mr. Clarke is working for Penguin Books and when he saw me he was feeling very much better. He drinks about a glass of wine a week and I think is living a fairly energetic life with regular swimming as he realised he was not getting adequate exercise.

On examination, although his liver was palpable he was not jaundiced and had no abdominal pain.

His liver function tests remain abnormal although his bilirubin has dropped and on this occasion he 13umol/L. His AST at 134iu/L and γ GT at 314iu/L are the two significant persistent abnormalities.

I have told him that provided he remains well I am happy to review his progress next year. He knows if he is unwell he can make an earlier appointment.

Yours sincerely

Dr. J.M. Trowell
Hon Consultant Physician

H-Centre

UNIVERSITY OF OXFORD

Dr Joan Trowell FRCP

Oxford Radcliffe Hospital
The John Radcliffe
Headington
Oxford
OX3 9DU

Tel: Oxford (01865) - **GRO-C** (Direct Line)
741166 (Switchboard)

GRO-C

30th June 1995

Mr R Clarke


GRO-C

Dear Mr Clarke

Thank you for your note. I am sorry that we couldn't spend longer talking on Tuesday but I do know that there was little evidence on the information I have to suggest that your liver has deteriorated.

I gather that you have made arrangements to be reviewed at the Haemophilia Centre and I hope that they will be able to help you. I am afraid that some of the symptoms are undoubtedly more likely to be due to your haemophilia than to your liver but on reflection this is probably good news!

I don't think that we have outstanding arrangements to meet at the moment but I am making a note that I would like to review you within six months in order to see what progress is being made.

 I will ask the Haemophilia Centre to arrange for you to be reviewed early in the new year, if we can find a date that is mutually convenient but you know that if there are any urgent problems relating to your liver, I am always willing to try and make arrangements to discuss the situation.

Best wishes,

Yours sincerely

JOAN M TROWELL
Hon Consultant Physician

He cancelled appt for
25.7.95
please look for Jan

UNIVERSITY OF OXFORD

Dr Joan Trowell FRCP

Oxford Radcliffe Hospital
The John Radcliffe
Headington
Oxford
OX3 9DU

Tel: Oxford (01865) - **GRO-C** (Direct Line)
741166 (Switchboard)

GRO-C

30th June 1995

Dr M Knightley
New Surgery
5 Station Road
Chinnor
Oxon
OX9 4PX

Dear Dr Knightley

Roger Clarke dob **GRO-C** 54

GRO-C

I had a message asking me to see Roger Clarke urgently. He came on Tuesday and it became rapidly apparent that his main concern was that his right foot in particular was swelling, particularly after exercise.

He had noted in 1992 when he lived and worked in Paris that it was painful on walking and wondered whether this was the result of a previous injury. Now he finds he is limping in the mornings and on the weekend before seeing me he had apparently walked over the downs at Goodwood and had a lot of pain on the following day. He commented to me that when he had eaten a meal the pain was worse but on closer questioning it became apparent that it was also worse if he sat still at his office desk for a comparable length of time, so I think this is more likely to be due to relative immobility than his diet!

In addition to this he has had some slight discomfort under his right ribs. This is a nagging pain and he feels flushed and itching. The pain has never woken him at night. He thinks he is aware of it and he had rather adjusted his own diet, thinking that he could minimise his symptoms.

On examination it is apparent to me that any swelling in the region of his ankle is related to the ankle joint and I didn't think that it was oedema that could be blamed on his liver.

He has had further liver function tests which show persisting abnormalities. The AST currently at 156 is rather better than it has been recently, as is the alkaline phosphatase and Gamma GT of 206. The Gamma GT has progressively dropped on every sample which has been taken from its high in February 1993 of 581. His bilirubin is a little higher at 28, although we have had this level before and his serum albumin well maintained at 45.

I think that he may get recurrent bile duct problems but it is difficult on this story to attribute his most significant symptoms to his liver or bile ducts. He did have quite a lot of bruising on the day I saw him and this can push the serum bilirubin level up in somebody who has a degree of compromise of their liver function.

Roger Clarke cont'd

30th June 1995

I offered to arrange for a scan of his liver to reassure him but I have had a note from him today saying that he doesn't think this is necessary and I hope that he will take up my suggestion and go for a further assessment and some advice from the Haemophilia Centre for his ankles.

Conversations which I have had with Roger and his wife in the past suggest to me that he is always very reluctant to accept any symptoms as complications of his haemophilia. He has always minimised his problems from this and I think at present is terrified that if he admits to chronic disability he may lose his job. I rather suggested to him that fairly simple medication might well be a better line of approach and as at present he has not had any advice, analgesia, or Factor VIII therapy, I think there is probably quite a lot that can be done to ameliorate his immediate symptoms.

At present he doesn't have a follow-up appointment to see me but I will make a note to review his progress again later in the year.

Yours sincerely

JOAN M TROWELL
Hon Consultant Physician

cc Dr Paul Giangrande

**Oxford
Radcliffe**
HOSPITAL

Appointments/Enquiries

Secretary

Fax Number

Director:

Consultant:

GRO-C

Dr. P.L.F. Giangrande BSc MD FRCP FRCPath
Dr. D.M. Keeling BSc MD MRCP MRCPath

21st June 1996

Mr. R. Clarke

GRO-C

Oxford Haemophilia Centre
THE CHURCHILL

Headington

Oxford OX3 7LJ

(01865) 741841

Dear Mr. Clarke

I understand that it is not convenient for you to come and see me at the Oxford Haemophilia Centre on Tuesdays but thank you for having your blood tests done. They continue abnormal although if any, the results are marginally better than they were.

Yours sincerely

Dr. J.M. Trowell
Hon Consultant Physician

Copy to
Dr. M. Knightley
New Surgery
5 Station Road
Chinnor
OX9 4PX