

Hospital Ref.: RV 765043

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DR H.C. BROWN  
SALISBURY MED CENTR  
474 ANTRIM ROAD  
BELFAST  
BT15 5GF

Dear DR BROWN,

RE: MS MARY MCVICKER, D.O.B. [GRO-C]1943

[GRO-C]

**Diagnosis:** Chronic Hepatitis C (genotype 1), liver biopsy September 2005 showed necro-inflammatory score 9/18 and fibrosis score 5/6, ultra sound of abdomen of upper abdomen in November 2004 showed the liver appearance in keeping in cirrhosis and mild splenomegaly, long-term problems with upper abdominal discomfort, joint pains

**Comments:** I had a very lengthy consultation with Mrs. McVicker and her daughters on 2<sup>nd</sup> December 2005. We discussed a large number of issues and possible causes of her wide ranging symptoms. In particular I explained that her chronic Hepatitis C is definitely not the cause of all of her symptoms and I doubt that it is the cause of her chronic upper abdominal discomfort which has been getting worse recently. She said she had OGD under Dr. McLaughlin earlier this year and no abnormality was found. I note she is on Aspirin which can cause peptic ulceration.

I explained that she probably has a cirrhotic liver and also has quite a lot of active inflammation within the liver and for this reason we would recommend considering anti-viral treatment with combination therapy. I explained all of the various risks and side-effects of treatment and also mentioned with genotype 1 and a cirrhotic liver her chances of a successful outcome were lower than average. Her platelet count is low and this could be a problem during treatment.

On examination, the abdomen was obese and soft but tender all across the upper abdomen. There was definitely no hepatomegaly and no significant splenomegaly, although the spleen is slightly enlarged on ultrasound. Examination of the legs revealed significant tenderness on rotation of the left hip but good range of movement on flexing and extension.

**Investigations:** FBP, LFT's Alpha fetoprotein and X-ray of hip to see if there is degenerative changes. She will have screening of alpha fetoprotein and ultrasound every 6 months just in case she develops a hepatoma and I have made her fully aware for the reason for this.

Mrs. McVicker has decided that she does want to proceed with treatment or at least see if she can tolerate the treatment. I would hope that she will be called for treatment in the Spring of next year, if not before. I have made her aware that after 3 months of treatment, we will reassess her response and if she has not had an adequate response then treatment will be withdrawn.

**Review:** July 2006 to assess response to treatment.

Yours sincerely,

**Dr. Neil McDougall MD FRCP (Ed)**  
**Consultant Hepatologist and Gastroenterologist**

Cc: Karen Patterson  
Hepatitis Nurse Specialist  
Ward 6D  
RVH

/ec