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Ein Cyf / Our Ref PG/VEI
Eich Cyf / Your Ref

DEPARTMENT OF HAEMATOLOGY

STRICTLY CONFIDENTIAL
Dr. J. Stafford,
Plymouth General Hospital,
Haematology Department,
Freedom Fields Division,
Plymouth,
DEVON PL4 7JJ

18th September, 1986.

Dear Dr. Stafford,

Re: Paul Summers d.o.b. GRO-C 64
GRO-C

I am writing to introduce the above mentioned Haemophiliac, who will shortly be coming to reside in Plymouth.

Paul was diagnosed in 1970 as Haemophilia A with baseline Factor VIII level of 5%. Though he is of moderate severity he has suffered from various traumatic bleeds over the years and in particular developed a painless left knee haemarthropathy in 1979. For this he was put on prophylatic Factor VIII (home) therapy for a period to allow him to continue schooling uniterrupted. Though the problem has settled down to a large extent it flares up now and again. For this reason we have kept him on home therapy to treat himself on an SOS basis. During 1981/82 he suffered from severe nose bleeds causing iron deficiency anaemia for which he received two courses of oral iron therapy. He was later seen by the ENT team who carried out cautery with Silver Nitrate. The nosebleeds seem to have stopped since then. In May 1982 he was admitted with an ileo-psoas haematoma 1983/84 seem to have been trouble free years for Paul. In October 1985 he suffered a thigh haematoma. In July this year he was treated in hospital for acute bleed into left buttock and bleed into his left hip which has since resolved.

Cont/d.....

Paul has always responded reasonably well to conventional treatment. He has no inhibitors to Factor VIII. He is Hepatitis B (S) antigen negative, Hepatitis B (C) antibody positive. He is HTLV III antibody positive. But he has not so far suffered from any symptoms of Aids related complex. His most recent clinical examination in September 1986 did not reveal any lymphadenopathy or hepatosplenomegaly. In 1982 Paul was found to have low platelet count ($60 \times 10^9/l$) which has gone up and down since sometimes reaching near normal levels i.e. $119 \times 10^9/l$.

His blood group is A Rhesus Positive, Kell positive.

Paul will shortly be coming to Plymouth to take up studies in the Plymouth Polytechnic and intends to stay for a period of 3 years. We shall be most grateful if you would kindly look after him for us while he is there. I shall ask Paul to make an appointment to see you in your clinic when he arrives in Plymouth. Should you require further information please do not hesitate to contact us.

Thanking you.

Yours sincerely,

Dr. P. Greedharry,
Clinical Asst. to Prof. Bloom