

Witness Name: Ruth Major
Statement No: WITN2506001
Exhibits: WITN2506006-WITN2506016
Dated: 19th March 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN2506006 OF RUTH MAJOR

WIT2506006

Haematology Department

3290

GL/KO/A018658K

20th November, 1984

Dr. Mukherjee,
Pant Farm Surgery,
Aberdare.

Dear Dr. Mukherjee,

Re: Peter NAJOR - d.o.b. GRO-C 48
GRO-C

Date of admission: 5.11.84
Date of discharge: 15.11.84

Diagnosis: 1. Haemophilic arthrosis
2. Pleuritic chest pain ? cause
3. Weight loss, lymphadenopathy and lymphopenia. *

Your patient with severe haemophilia complicated by an inhibitor was admitted yet again on the 5th November, 1984 with a haemarthrosis in the left elbow. This failed to respond to high-dose Factor VIII, but slowly responded to FEIBA. The admission was complicated by a large haematoma in the right arm caused by an attempt at inserting a venflon.

During the admission he required large doses of Pethidine as with previous admissions. However, he shows no signs of becoming habituated to opiates. He continued to complain of left sided pleuritic chest pain, but there was nothing to find on examination and his chest X ray was clear. A worrying feature is that he continues to lose weight, to have palpable axillary lymphadenopathy and to be lymphopenic. We are therefore concerned that he may be developing the syndrome of A.L.D.S. The relevant diagnostic tests are difficult to perform and not currently available in South Wales. We have not mentioned our suspicions to him or his wife on this subject.

On discharge his haemarthrosis had resolved, although his pleuritic chest pain persisted. He was discharged home on no medication to return for review in Outpatients and to the dentist shortly.

Yours sincerely,

GUY INCAS
Lecturer in Haematology

Please see note
on Haemophilia data
base form Date first
pos 15.7.84

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