

ANONYMOUS OXFORDSHIRE AREA HEALTH AUTHORITY (TEACHING)

OXFORD HAEMOPHILIA CENTRE

Tel: Oxford (0865) 64841 Ext. GRO-C Churchill Hospital, Headington, Oxford OX3 7LJ.

Dr. E.A. French Consultant Haematologist, General Hospital, Nottingham, NG1 6HA

17th June, 1976

Dear Dr. French,

Paul GRO-B

Thank you for asking me to see your patient whom I saw at my Clinic on 7th June, 1976. He seems to be a very well preserved boy and his main trouble seems to have been with his right knee in to which he has had numerous haemarthrosis since the age of 4. His other knee and his elbows seem to cause him very little trouble, although he has had the odd haemarthrosis in those too. His right knee was not measurably greater than his left knee when I saw him but there was some wasting of the quadriceps and a slight reduction in the range of movement.

We carried out an assay of antibody to factor VIII and we were unable to detect antibody in the sample we obtained.

I see from your letter that Paul has not had a dose of factor VIII since 1st January, 1974, and it is quite probable that any antibody he had has disappeared during the past two years.

I had a long talk with Mr.& Mrs. **GRO-B** about the prospects of home therapy. They are both very keen for Paul to have it and Paul himself likes the idea. I think it would be wise to try as far as possible, to treat him with the N.H.S. concentrates and I would suggest that you get in touch with Dr. Maycock, Lister Institute, to see if he can supply you. Failing that, get in touch with me again and I shall see what we can do from this end. As a last resort I think it might be justified to put him onto one of the commercial factor VIII concentrates, and I would suggest Kryobulin, the material made by Immuno of Vienna. would

With regard to the dosage regime at home, I/be inclined to treat him in the same way as the boys who do not have factor VIII antibodies. For a mild or early haemarthrosis to give a dose in the order of 250 - 300 units of factor VIII activity. Should the antibodies return, it might be necessary to double this dose. We maybe lucky and find that his antibody may return but only to a very low level, and in which case, treatment should not be too difficult.

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