GRO-B

11 May 1987

Dr GRO-B

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Dear Dr GRO-B

Re: S GRO-B DOB GRO-B.71

This young man returned to the unit for review on 15.4.87. Since his admission in January for a right knee haemarthrosis he has been keeping reasonably well, his only problem being persistent swelling of his right knee particularly the medial aspect and also of an injury sustained while playing basket-ball to his middle finger. He has also noticed "clicking" in his left knee when weight bearing but he did not complain of any swelling or pain in the joint.

On examination he was quite well, there was indeed bruising of the left middle finger but no restriction in range of movement or power. There was bruising of his right knee particularly on the medial aspect and there was palpable a small mobile nodule adjacent to the medial femoral chondyle. There was no evidence of an active haemarthrosis and there was a good range of movement. Examination of the left knee demonstrated possibly a small amount of synovial effusion but there was a full range of movement. Otherwise examination was entirely unremarkable. Routine bloods were performed and I arranged of x-rays of both these to be done. These are reported as showing a defect consistent with healing osteochondritis dissecans in the left medial femoral chondyle but that there was no significant abnormality otherwise. Routine bloods confirmed that he remains hepatitis surface antigen negative and negative for anti HIV antibody. Liver function tests are all within normal range apart from an elevation of alkaline phosphatase to 600 u/l. This could be expected in a young man of his age. Full blood count shows haemoglobin of 14.9, white count of 8.2 and differential of 68% polymorphs, 26% lymphocytes, 6% monocytes. Platelet count if 219 x 10^9/l. We shall continue to keep him under review at the unit and he knows that if he has further problems with either knee then he should contact us directly.

Yours sincerely

K Spowart Senior House Officer