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ROYAL INFIRMARY

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May 21, 1993

Mr, Iain Kelly
Consultant Orthopaedic Surgeon
G.R.I.

re: **S** - DOB: **GRO-B** 71 - Hosp.No **GRO-B**
GRO-B

Dear Mr.Kelly:

I would appreciate it if you could review the abovenamed patient. He is a 22 year old haemophiliac who has had a problem with his left knee. He is Hepatitis B vaccinated, Hepatitis C positive and HIV negative. He has had no history of trauma to this joint, but is overall quite athletic.

He has had a ten day history of acute onset pain and swelling without previous bleeds into his joints. He was treated with Factor VIII for two days, but the pain has persisted. There has been some history of his knee "giving way" on him at times and partially locking. He has had no associated symptoms of infection.

On examination, his knee is slightly warm to palpate, no surrounding erythema. It is held in a moderate degree of flexion, but has reasonable range of movement. There is a moderate sized effusion and slight tenderness posteriorly.

X-ray of this joint shows there was a sub-articular lucency in the medial femoral condyle, giving the possibility of osteochondritis dessicans. There were also several small bony fragments throughout the joint space on the AP view and one ws shown on the lateral view, which was felt to lie intra-articularly.

In view of this, I think this young gentleman with his persistent effusion may need to have further intervention if this does not settle down. I would appreciate if you could see him as soon as possible, and if he does need an arthroscopy we can arrange factor cover. Currently, we have asked him to be non-weightbearing and we are giving him a trial of anti-inflammatories to see if they help his symptoms.

We appreciate your input and hearing from you.

Yours sincerely,

Dr. J. Canvin
SHO III - RHEUMATOLOGY

Dictated, but not read:

Dr

GRO-B