

ROYAL INFIRMARY
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Wards 2 & 3

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Dr. G. Savidge
Director, Haemophilia Centre
St. Thomas' Hospital
LONDON

re: **GRO-B** DOB: **GRO-B** 68 - Hosp.No. **GRO-B**
GRO-B

Dear Geoff:

I would be most grateful if you could take over the care of this man with moderately severe Haemophilia A (Factor VIII level 4 iu/dl) who is moving to a job with the immigration service in London, in the near future. We shall write to you with his address when we know it. He may initially have a period of time in Dover for training.

He has one affected brother living in the Glasgow area, and who also attends this centre. There is no family history and he presented at the age of 8 following a post-dental extraction haemorrhage. He gets bleeds into muscles and joints, usually following minor trauma, and has had in the past haemarthroses of his shoulders, knees, thighs and buttocks.

He was commenced on home treatment Factor VIII concentrate in 1983, but has rarely had to use this in the past year or so. He had a road traffic accident in 1989 resulting in injuries to his right foot and nose, following which he has had chronic pain in the right ankle and foot and was seen by our orthopaedic surgeons. They performed CT scanning which showed cysts within the right distal tibia which did not communicate with the ankle joint, and thought he probably had an early osteoarthritis and offered him ankle supports.

He has been vaccinated against Hepatitis B and when last checked in October 1992 had good immunity with a level of antibodies to Hep.B surface antigen of greater than 1000 iu/l. He has had slightly elevated serum ALT for several years, probably due to chronic Hepatitis C as he is positive for anti-Hep.C antibody (confirmed by RIBA-2). He is HIV antibody negative. Screening for Factor VIII inhibitor in June '93 was negative. He has been informed he is Hepatitis C antibody positive and advised to avoid excessive alcohol. His most recent transaminases showed an AST of 58 and ALT 135, which is somewhat higher than it has been in the past - no doubt his liver function should be monitored to see if he would benefit from INTERFERON therapy at some time.

His other medication is TETRACYCLINE for acne. He has recently been participating in a clinical surveillance trial of the new high purity SNBTS Factor VIII, and as regards this will require some follow-up blood tests later this year and I will write again with details of these.

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I would be most grateful if you could send me the results for our records. Thank you very much for seeing him. Should you require further information, please let me know.

Incidentally, his blood group is ^O/_h Rh. positive.

Kind regards.

Yours sincerely,

Professor Gordon D.O. Lowe
CONSULTANT PHYSICIAN

GDOL:ldb