

THE ROYAL INFIRMARY OF EDINBURGH
COPY OF DOCTORS LETTER

NUMBER

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HAEMOPHILIA AND HAEMOSTASIS CENTRE

TELEPHONE **GRO-C** FAX **GRO-C**

MD/ **GRO-B**

25th July 1995

Dr T A Orr

GRO-C

Dear Dr Orr

GRO-B

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Diagnosis: Severe haemophilia A
Hepatitis C
Resolving Lichen Planus

I reviewed **GRO-B** along with my colleague Dr Rosemary Dennis today and was pleased to find him in general well, having recently returned from holiday.

A couple of months ago he was diagnosed as having Lichen Planus and saw Dr Tidman who prescribed Dermovate and the lesions are now resolving. His haemophilia is under good control: he takes 7-900 units of Factor VIII 2-3 times weekly and this keeps him bleed free.

You may recall that he was treated with Roferon for his hepatitis C and made an initial ALT and virological response but then relapsed on treatment. We were rather surprised by this because he has type 3 genotype which usually responds well to treatment. He was subsequently tried on Intron A but unfortunately he did not respond to this. The other possibility will be to give Wellferon and there is some evidence that this might be effective in his circumstances. We discussed this possibility but he is not keen to have it at present particularly as there are changes at his work place and he is keen to be as fit as possible for the next few months. You may recall that he declined investigation by endoscopy and laparoscopy so we are uncertain about how severe his liver

2 ... /

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disease might be but he will certainly have had HCV infection for almost the past 40 years and there is a good chance that he may have cirrhosis. He knows that there is an increased risk of hepatocellular carcinoma and because of this we are undertaking ultrasounds every 4 months as surveillance in case such a complication should arise.

On clinical examination he look well and the Lichen Planus lesions seemed to be healing well. They were predominantly on his back and limbs along with some in his groin. His joints were much as before. Both elbows had flexion deformities but he has a good functional range of movement of both joints and also of his shoulders. Both knees show evidence of haemophilic arthropathy and have 2-5° of flexion deformity in each. Both flexed at over 90°. There was good movement in both ankles.

In summary his haemophilia seems to be under good control. He does not want any further investigations of his liver or treatment at present with Wellferon. He will have another abdominal ultrasound in 4 months time.

Review 4 months.

Yours sincerely

Christopher A Ludlam
Consultant Haematologist

Investigations: routine investigations

Medicine: Dermovate for Lichen Planus