



THE ROYAL INFIRMARY OF EDINBURGH

NHS TRUST

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OF EDINBURGH

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RIE

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CONSULTANT: Dr Parker

CENTRE FOR LIVER AND DIGESTIVE DISORDERS

Dear Dr Anderson

GRO-B

GRO-B

EDINBURGH

Thank you for referring this young man with haemophilia and hepatitis C to the clinic. As you say more than one thing seems to be going wrong here and although his hepatitis C seems moderately active it is unusual for that alone to be the cause of his general lethargy, sweats and feeling unwell. Most patients with hepatitis C actually are relatively asymptomatic although obviously it would be wrong to entirely rule it out as the cause of his symptoms. Clearly he did not respond to Interferon after 4 months and I think it was reasonable therefore to stop it. Clearly all patients who respond do so biochemically at least in 2-3 weeks of starting treatment. I think it would be valuable to have a laparoscopic liver biopsy to assess both the severity and activity of the liver disease but at present because of his mother's illness he is very reluctant to come into hospital for this. Clearly one way of solving the diagnostic problem of his symptomatology would be to have treatment that suppresses his hepatitis C effectively and to see if his symptoms disappear. There is some evidence at present that a combination of Interferon along with Ketoprofen 150mgs twice daily given along with the Hepatitis C does markedly increase the response rate in those who have not responded to Interferon alone. The feeling behind this is that non steroidal anti-inflammatory drugs increase the Interferon-inducible anti-viral proteins. In GRO-B's case it would be reasonable to try this regime in the hope that it will induce a response and then we would be in a position to assess any change in his symptoms. I do not know what your views of using non steroidal drugs are in haemophiliacs but if you were anxious about GI

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bleeding I would have thought it entirely reasonable to use Misoprostol as the gastric mucosal protecting along with the Ketoprofen. This undoubtedly is more successful than just an H2 antagonist which only seems to protect again duodenal ulcer problems in this setting. I have not arranged to see Mr **GRO-B** routinely at the clinic but would be happy to do so in the future if you felt it necessary. I think it is certainly worth checking his thyroid function after Interferon treatment. This I am sure has been done but I could not actually see a result in the notes today.

Kind regards

Yours sincerely

GRO-C

P HAYES
SENIOR LECTURER AND CONSULTANT