

THE ROYAL INFIRMARY OF EDINBURGH DISCHARGE SUMMARY: COPY FOR CASE NOTES

To:— Dr McLean, Currie Road, GALASHIELS.	Date of admission:	22.4.86	4.5.86	17.5.86
	Date of discharge:	1.5.86	7.5.86	22.5.86
	Ward:	23		
	Consultant:	DR C A LUDLAM		

Surname	Forenames:	Number:
GRO-B	GRO-B	GRO-B

Address:
GRO-B

Principal Diagnosis		Principal Operation	
HAEMOPHILIA A			

Other Conditions		Date of Operation	
		Other Operations	

External cause of injury	
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PM/no PM	Tumour Type					Histological Verification of tumour	Verified/Not Verified
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Dear Dr McLean,

11th June 1986

This man with haemophilia was admitted after being involved in a Road Traffic Accident, when he was a front seat passenger. He sustained a whiplash injury to the neck but no head injury. He took 5 bottles of Factor VIII on the afternoon after the accident.

EXAMINATION: No bruising or obvious swelling. There was some pain over the trapezius muscle and on neck movement. A full neurological examination was normal.

X-ray of neck, cervical spine and ribs showed no bony injury.

He refused to stay in hospital against medical advice but returned the following day complaining of a stiff neck and pain over his L 10th ribs.

On examination on this occasion he had tenderness in his L upper quadrant and a fullness in that area.

He was admitted and treated with intensive Factor VIII therapy.

An ultrasound examination of the Abdomen did not show any evidence of splenic or L upper quadrant haematoma.

Pain and discomfort in the L upper quadrant persisted despite Factor VIII treatment and he had a repeat ultrasound of that area on 26th April which again showed no intrasplenic or subcapsular haematoma. The L kidney was also normal.

His symptoms finally settled and he was discharged on 1st May.

He was readmitted on 4th May with a history of having had 5 x small haematomases at the weekend. He was treated with Factor VIII again and did not have any haematomases while in hospital. His haemoglobin remained stable over 2 - 3 days, and he was discharged on 7th May.

On 17th May he was readmitted after having vomited 2 - 3 cupsfuls of fresh blood the evening. This had followed an episode of drinking 2 1/2 pints of beer. He had been discharged from Peel Hospital the very same day, after being an inpatient there for

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a few days on account of haematemesis.
A Barium Meal in Peel Hospital was normal.

EXAMINATION : He was not shocked and the only positive finding was mild epigastric tenderness. He was treated with Factor VIII again and had a gastroscopy on 21st May which showed a small area of duodenitis but no evidence of peptic ulceration.

In view of his haemophilia and the family history of duodenal ulceration it was decided to treat him with Ranitidine 150mg. b.d. for 6 weeks. While an in-patient he developed some ulceration of his mouth and this was treated with Adortyl On Orabase cream topically with good results.

He was discharged on 22nd May and will be seen in the Clinic on 24th June.

Yours sincerely,

Dr J Hande
Registrar