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C099.

From: Price Jonathan (NHS LANARKSHIRE) [mailto:jonathanprice1@GRO-C]

Sent: 06 June 2016 13:48

To: McGoldrick, Claire (MK) - Consultant Physician

Cc: Shilliday, Dr Ilona (MK) Consultant Renal unit

Subject: GRO-C - quick question

Importance: High

Hi Claire

Hope you've recovered from Thursday - it was a bit of a long day

Just wonder if I can ask a quick question about a patient (well a long question but hopefull a short answer)

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at one point was hep c positive and followed up by ID here

at some point, was lost to follow up, but the impression he had was that everything was 'dormant' anyway and had been for many years

I think Andrew Todd may have tried to review him again in 2013 (can't see ever had an appointment on Trak but not everything appears on Trak)

certainly LFTs look ok and normal synthetic function, and USS liver and spleen in 2013 looked ok
hep C RNA <12 when checked last August in clinic

he has been attending us with slowly deteriorating function (not helped with a high output stoma and elevated BP) and proteinuria

he has very high complement 3 levels

and (having mentioned some patches of skin discolouration last clinic) cryofibrinogen positive (but cryoglobulin negative)

obviously we will need to update this, and if his BP allows, we will biopsy him

but I was wondering...

he's acting like he has a hep C associated MCGN type thing, but without evidence of ongoing viral load - can that be possible ? (or should we be looking elsewhere)

Jonathan Price
Renal - Associate Specialist
Medical Education - Lead Clinical Trainer

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