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Department of General Medicine - Infectious Disease

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Consultant: Dr C McGoldrick

Dear Dr Feeney

Patient Name: Graham Clarke
Patient date of birth: GRO-C 1956
Patient Address: GRO-C

Situation

Consultant Hepatitis Clinic – Monklands Hospital – 28th July 2016

Background

1. CKD
2. Hypertension
3. Previous sustained virological response to Hepatitis C therapy
4. Gout (right foot)
5. Previous ileostomy
6. Crohns disease
7. Multiple abdominal wall hernia

Medications

Doxazosin 2 mg. Tablet/s Oral twice daily
Tildiem LA 300 mg. Capsules Oral Daily (says he is not taking any more)
Recurrent prednisalone for gout

Assessment

Dr Pryce referred this gentleman to me a few weeks back from the Renal Clinic due to concerns that his renal disease was behaving like a Hepatitis C associated Mesangio-capillary Glomerulonephritis. Although Mr Clarke's Hepatitis C PCR is now negative, I agreed to see him. Unfortunately when he attended the clinic, the e-mail correspondence that functioned as a referral had had not been scanned into the clinical portal and was not immediately available. It therefore led to difficulties at the time of the appointment so Mr Clarke tried to fill me in. However I think he had gotten the wrong end of the stick a little and told me that he was there because he had been diagnosed with cryoglobulinaemia. It wasn't until after the clinic when I had time to go through various results that it became apparent that this wasn't the case.. What he does in fact have is cryofibrinogenemia but is negative for cryoglobulinaemia.

Mr Clark updated me that he was diagnosed with Hepatitis C in the 1990's after he was contacted by the Blood Transfusion Service. They told him that blood transfused during an ileostomy in Gartnavel in 1989 had been found to be contaminated with Hepatitis C. He managed to get some compensation via the Skipton Fund and became a member of the Hepatitis C Trust which he is still involved with. The diagnosis was made 7 years after the operation and he said that transmission during a previous transfusion could not be ruled out. Mr Clarke was thereafter referred to a Doctor in Gartnavel for monitoring of his Hepatitis C and ultimately he was given Interferon and

Ribavirin. It sounds like he had a sustained virological response to the treatment as he was told it had been successful. I contacted the Lab at Monklands who had records of more recent negative HCV PCR's in 2013 and the last one being on 14th August 2015.

The history behind his renal disease is that he was diagnosed with kidney disease in 2002/03 when his EGFR started to deteriorate. He told me that his "kidney's failed" in 2008/09, although I am not entirely sure that this is entirely accurate as it does not sound like he has had any dialysis.

More recently he developed nodules in various skin areas and said that he was advised by the Hepatitis C Trust to be checked for cryoglobulinaemia, although as stated before, this was negative. From the records, I think it was actually checked by Dr Pryce in the context of his deteriorating renal function.

Mr Clarke also spoke of a lot of Hepatitis C associated stigma experienced in the past and how it culminated in him having to move village and losing his job as a teacher. He then went on to work with HMRC.

On systemic enquiry he spoke of recent neck pains and swelling of the feet. He also told me about his recurrent gout although he was not entirely sure that this was definitely gout. I said that I would seek clarification as to how the diagnosis of gout itself was made.

On examination, he had multiple nodules on his trunk and arms. His legs were oedematous. Both ankles were swollen and given the location of the marks left by his socks, it was difficult to determine if this was actually the joints themselves or just peripheral oedema. There was no joint erythema. He was tender over the left side of his abdomen; there was no organomegaly or masses. His chest was clear. His blood pressure was very high at 161/115 and then 190/128 when repeated.

After having time to properly go through his results and referral, I think it is highly unlikely that he has a Hepatitis C associated MCGN given the recurrent negative HCV PCRs and what sounds successful therapy in the 1990s before his renal disease started to develop. I am not aware of any cases of Hepatitis C associated MCGN in the absence of a detectable viral load. However, I think it is important to ensure that he does indeed remain Hepatitis C negative by PCR and I have repeated this today. More importantly I think it is important that an alternative cause is looked for.

Even if his renal disease is in some way related to previous Hepatitis C (although it is difficult to understand how this would be feasible), he would not be a candidate for further HCV therapy in the absence of detectable virus. I also do not think that the skin lesions are related to the previous Hepatitis C for the same reasons and would suggest to Dr Pryce that he consider referral for skin biopsy if he felt this would help.

Recommendations

1. I have checked a PCR for Hepatitis C for the reasons above
2. In the absence of notes detailing his previous HCV management, I have requested an ultrasound liver and fibroscan to ensure that he had never developed cirrhosis.
3. I offered hospital admission given the extent of his high blood pressure. However he refused, and this was an informed choice. He told me that he was attending your surgery later in the day. I advised that he should restart his Tildiem as it sounded like he had only stopped it due to a misunderstanding - his letters from Renal suggest that he should still be on it.
4. I will see him again in about 6 weeks time.

Primary Care Actions

I wonder if you would be able to provide me with any information on how the diagnosis of gout was made. Mr Clark seems concerned that it is in some way related to what he thought was a cryoglobulinaemia. It might be helpful though when I next see him, if I was able to explain to him how the gout diagnosis was made (e.g. urate levels if done) and how the joint problems don't relate to the alternative.

Yours sincerely

Dr C McGoldrick
Consultant Physician

Authorised on 09/08/2016 14:50:10 by Claire McGoldrick.

(P) Dr J Pryce
Staff Grade In Renal Medicine
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