

GRO-B

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Lanarkshire

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GRO-B

Consultant: Dr Elizabeth Burnett

Dear Dr GRO-B

Discharge Summary

Patient Name: GRO-B
Patient Date Of Birth: GRO-B 1941
Patient Address: GRO-B, Glasgow, GRO-B
Date Of Admission: 01/05/14
Date Of Discharge:

Admission Diagnosis - i) Poor mobility secondary to probable vasculitic ulceration of both lower legs

Discharge Diagnosis - As above

Follow-up: Rheumatology and Dermatology

Co-Morbidities -
i) MGUS
ii) Gout
iii) Hypertension
iv) Previous T-cell lymphoma
v) Peripheral neuropathy

Presenting Features

This 72 year old lady was admitted with increasing leg pain secondary to ulceration and swelling. She has a 3 year history of bilateral leg ulcers and, as you know, attends dermatology and rheumatology. The leg pain had resulted in mobility issues and essentially she required admission for analgesic control.

Clinical Features

On examination she had multiple small ulcers affecting the radial and lateral aspects of both lower legs. There was no associated pyrexia or evidence of cellulitis.

This lady required opiates for pain control. She was kindly reviewed on a regular basis by dermatology and was commenced on steroid therapy.

Incidentally from previous investigations she was found to be hepatitis C positive. This has been repeated the result of which is pending. Mrs GRO-B received a blood transfusion 43 years ago following the birth of her son. At this time she was hospitalised and remembers being jaundiced. The rheumatology team felt that the rash is likely to be due to underlying cryoglobulinaemia and this has also been checked. I discussed this with Mrs GRO-B prior to discharge.

Ultrasound of her liver was however satisfactory.

Mrs GRO-B's mobility improved as her pain became controlled.

She was independently mobile around the ward with a zimmer frame and managed ADL's. She was discharged with follow-up as above.

Drugs on Discharge

Aspirin 75mgs daily, Candesartan 24mgs bd, Paracetamol 1g qds, Amitriptyline 20mgs nocte, Allopurinol 300mgs daily, Pentoxifylline 400mgs bd, Laxido 1 sachet daily, Morphine Sulphate 20mgs bd, Prednisolone 20mgs daily (until reviewed by Dermatology), oral Morphine solution 5mgs to be taken prn every 2 hours, Dermovate cream 1 application daily.
Please keep under review regarding opiate use.

Yours sincerely

Dr Elisabeth Burnett
Consultant Physician in Geriatric Medicine

Authorised on 02/06/2014 15:39:48 by Elisabeth Burnett.

(P) Dr F Shafralli
Consultant Dermatologist
Wishaw General Hospital
Wishaw

(P) Dr M Musgrave
Locum Consultant In Rheumatology
Wishaw General Hospital
50 Netherton Street
Wishaw
ML2 ODP

(P) Dr John Murphy
Consultant Haematologist
Monklands Hospital
Monkscourt Avenue
AIRDRIE
ML6 0JS