

Dr M Musgrave  
Locum Consultant Rheumatologist  
Hairmyres Hospital  
Eaglesham Road  
Esat Kilbride  
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GRO-B

Consultant: Dr Stewart Campbell

Dear Dr Musgrave

Patient Name: GRO-B  
Patient date of birth: GRO-B/1941  
Patient Address: GRO-B Glasgow, GRO-B

#### Situation

New liver clinic referral from Rheumatology

#### Background

1. Cryoglobulinemic vasculitis
2. Chronic Hepatitis C, genotype 1b, log 5.9
3. Blood transfusion in 1970 for post partum haemorrhage
4. Successful treatment for lymphoma 1984 in Glasgow Royal Infirmary, received at least 3 blood transfusions at time
5. MGUS
6. Incidental asymptomatic gallstone
7. Anaemia with normal haematinics
8. Chronic elevation in urea

#### Medication

Aspirin, Allopurinol, Ferrous fumerate, MST, Amitriptyline, Furosemide, Prednisolone, Oramorph, Felodipine and Bisoprolol

#### Assessment

This lady is currently an inpatient in ward 15 (dermatology) at Monklands. I had found out a couple of weeks ago that she is an inpatient in Monklands and had tried to rearrange her appointment so that she could be seen there, and she has an appointment with Dr GRO-D at the end of this month. Her son was visiting from Ireland and was keen that she attended an outpatient appointment with me today, principally so that they could discuss the nature of her illness and possible treatments.

Her lab results have shown cryoglobulinaemia, although skin biopsies have not so far suggested vasculitic change. She has bilateral compression bandages on her legs. She estimates that she will be an inpatient in Dermatology for at least another couple of weeks, and subsequently may require some social care planning prior to discharge. She was in a wheelchair during the consultation today. She has a chronic normocytic anaemia with a haemoglobin of 7.7 and normal haematinics, and a raised urea at 11 but a normal creatinine, which may relate to her diuretic therapy (she has a normal echo).

We discussed the possible treatment options for Hepatitis C. Given her degree of anaemia I think she would be unlikely to tolerate a therapy containing Ribavirin, and we would therefore be best to see if we can obtain Ledipasvir and Sofosbuvir combination on a compassionate basis from Gilead, given for 8 weeks.

#### Recommendations

I will liaise with my colleagues in Monklands to see if we could start this treatment whilst she remains an inpatient. I discussed with her and her son that at the present time the treatment (if available) would

be on a compassionate basis and it has not yet received a UK licence. I also gave them information on the Skipton Fund and encouraged them to apply.

I have not arranged a further follow appointment at Hairmyres at present but I would be happy to see her again if this is appropriate following her discharge from dermatology.

Yours sincerely

Dr Stewart Campbell  
Consultant Physician & Gastroenterologist

Authorised on 24/07/2014 17:59:06 by Dr Stewart Campbell.

(D) Dr **GRO-B**  
**GRO-B**  
**GRO-B** Lanarkshire

**GRO-D**

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