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DEPARTMENT OF CARDIOLOGY

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PRIVATE AND CONFIDENTIAL

Mr Angus Evans
The Penrose Inquiry
44 Drumsheugh Gardens
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Dear Mr Evans

PENROSE INQUIRY - THE LATE MRS EILEEN O'HARA (09/10/1930)

I am sorry about the delay in replying to your letter of the 15th December 2010. As you may know it has taken considerable time to obtain all the relevant notes and they have finally come within the last few days.

I hope you have access to my letter of the 19th September 2005. As you know that letter was incomplete because I did not have access the Glasgow Royal Infirmary case sheet.

In this letter I will deal specifically with the relationship between the patient's cardiac condition and her cirrhosis.

There is a condition known as cardiac cirrhosis which applies to involvement of the liver in patients with failure of the right side of the heart. The word cirrhosis is rather loosely used in that regard. It refers to the fact that the liver swells and this can give rise to dysfunction. However it rarely causes the classical cirrhotic pattern seen in primary liver disease.

The patient was noted to have slight enlargement of the liver in two of the entries in the Royal Infirmary notes in 1990 prior to her second valve replacement operation. At that time it is likely that her right heart pressures were elevated and indeed that was confirmed at the time of the operation. This was likely to have been a component in the swelling of the liver and back pressure on the spleen. However the operation was a success and there was no further mention for several years of enlargement of her liver and spleen.

It was noted in an entry to the Stobhill notes in July 1995 that there was enlargement of both the liver and spleen but because of her cardiac condition the question was raised of the enlarged liver and spleen being related to cardiac failure. I should emphasise there was no clinical evidence of cardiac failure at that time and ongoing investigations indicated antibodies to Hepatitis C and subsequent liver biopsy showed a pattern that would be consistent with this diagnosis .

Her cardiac status continued to remain stable for several years from then on more or less up until the time of her terminal illness. For example an entry in the case sheet in March 2002 indicated that her cardiac situation was stable without any evidence of cardiac failure.

To specifically answer your question, it is my view that the patient's cardiac condition did not predispose in any significant way to the development of cirrhosis. Indeed the lack of evidence of right heart failure from the time of her second operation in 1991 for several years thereafter indicates that the enlargement of the liver and spleen were almost entirely due to another process and presumably in her case Hepatitis C.

I have discussed with my colleagues in diabetes the relationship between her diabetes and cirrhosis. There is a type of cirrhosis that can occasionally happen in diabetes but it relates to patient's who are overweight and is usually a fatty infiltration of the liver. This patient was actually underweight and the view of my colleagues was that her diabetes was not relevant in terms of the development or progression of her cirrhosis.

Finally, in regard to her terminal illness I have no doubt that her co morbidity was a contributing factor to the fact that she did not survive. A number of factors obviously were involved in this including her diabetes, her cardiac status and her Hepatitis C. it is difficult to dissect out the relevant importance of all of these but I would say that they were all significant factors and indeed major rather than minor factors in the outcome. Therefore as in my letter of 2005 it is my view that the Hepatitis C would have been a significant factor in her failure to recover from pancreatitis.

I do hope this provides the further information that you require but if you wish to discuss any aspect further prior to the inquiry please do not hesitate to get in touch.

Yours sincerely,

Dr F. G. Dunn
Consultant Cardiologist