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Dr Alastair McGilchrist
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JFMACK/ALN/318148

22 May 1995

Dear Alastair

David Black dob 1.5.37
1 St Telling, Lanark, ML11 7HY

I spoke to you about Reverend Black, in fairly broad terms, regarding the possibility of transplant for his Hepatitis C. I have spoken to him again and he now wishes to come and discuss this issue with you. He is 58 years old, has severe Haemophilia A with a factor 8 level of 3-7% and has advanced liver disease and was found to be Hepatitis C antibody positive, confirmed by RIBA in October 1991. Hepatitis PCR was reported as positive in June 1994. He has portal hypertension, varices and ascites. Typical liver function tests from February 1995 are as follows:- albumin 30, globulin 33, bilirubin 49, alk phos 260, AST 103, ALT 73, gamma GT 135, elevated IgG at 18.2 grams/litre.

Oesophageal varices have been injected in the past because of melaena but there is some doubt as to whether the varices have ever been the cause of bleeding. Indeed, he had a colonoscopy in 1990 but no cause of GI bleeding was found.

He was referred to me in early 1994 to consider Interferon therapy but he has not, to date, received any. He developed ascites in the summer of 1994 and there seems now to be a gradual deterioration. He was taking Spironolactone. However, this was changed to Amiloride recently because of gynaecomastia.

In summary, he is a man with chronic liver disease, portal hypertension and ascites, probably due to Hepatitis C and which appears to be deteriorating and I wonder whether you think that early or median term transplant would be appropriate.

Yours sincerely

J F MacKenzie
Consultant Physician and Gastroenterologist