



GASTROENTEROLOGY

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Professor Gordon Lowe
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Dear Professor Lowe

David Black (1 5 37)
1 St. Teiling, Lanark ML11 7HY

I reviewed David in the Clinic today. There has been a very slow deterioration in his liver function. His albumin is now typically 31. Bilirubin is typically in excess of 40. His AST and ALT continue to be mildly elevated. He feels tired for much of the time. His ascites is fairly well controlled and today he has a slightly enlarged abdomen. On feeling of the flanks perhaps 5mm. of ascites, quite soft. There has been no evidence of recent G.I. bleeding and this does not need further investigation at present. He remains unkeen on any medication for his Hepatitis C but I have suggested to him that hepatic transplant may become an option during the next few years. I will discuss his case with the Transplant Unit in Edinburgh and report back to him on this. As varices were not seen at his most recent endoscopy I do not think that we need to do repeat endoscopy at present. If there is any further bleeding I think we should not only look at his oesophagus but also his small intestine (as the source of his blood loss has not been found in the past). As far as his ascites is concerned I think we should try and move away from Frusemide if possible by increasing the dose of Amiloride. He will try stopping Frusemide within the next few weeks and doubling the Amiloride dose. We will see him in a month.

Yours sincerely


J F MacKENZIE
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