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DR J F MacKENZIE'S MEDICAL CLINIC

General Medicine

Professor Lowe
 Consultant Physician
 Haemophilia Unit
 Glasgow Royal Infirmary

DKG/RKC/318148L

Dictated 28 March 1994
 Typed 13 April 1994

Dear Dr Lowe

DAVID BLACK DOB 01.05.37
 1 ST. TEILING, LANARK ML11 7HY

I saw this gentleman in the Clinic today and discussed him with Dr MacKenzie. As you say he is known to have moderately severe haemophilia A and has developed a hepatitis C infection presumably from contaminated blood products. He already has established cirrhosis and has previously had varices injected. I gather a recent endoscopy by Mr Anderson has showed no recurrence in his varices. The present question is whether he should have a trial of Interferon therapy for presumed ongoing hepatic inflammation as evidenced by slightly raised transaminases with an AsT of 94, ALT of 57 and albumen of 32.

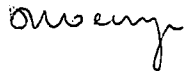
Presently his only complaint is of intermittent abdominal distension which he notices is particularly worse after factor VIII infusion. On clinical examination today he looked well. Examination revealed hepatosplenomegaly and mild to moderate ascites. He tells me he is already on a no-added-salt diet.

We had a long conversation about the pros and cons of Interferon therapy as I gather you have already had with him. Dr MacKenzie was of the opinion that Interferon therapy should be tried though Mr Black himself would prefer to think over things further for the moment. In summary I have told him that Interferon therapy is presently not licensed in this country for hepatitis C infection though is frequently used. I have explained that it would involve injections three times a week for six months and to monitor possible improvement by measuring his transaminases. He knows that if there is improvement the improvement is likely to lapse when the treatment is stopped. He is also worried about whether it would be possible to take Interferon with him on his frequent trips abroad and I have promised to investigate this question for him.

DR J F MacKENZIE'S MEDICAL CLINIC

A separate issue is whether there is any other potential cause for his cirrhosis. Looking through the notes I could find no record of his immunology being checked in the past and hence I have arranged to check his anti-smooth muscle antibody and anti-mitochondrial antibody as well as his transfer saturation and Ferritin. We are planning to review him with the results in one month's time when he will have had a chance to think about things in more detail and discuss them with his GP.

Yours sincerely



D K GEORGE
REGISTRAR

cc: Dr Hill, Health Centre, Lanark ML11