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SCOTTISH LIVER TRANSPLANT UNIT
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DR J MURIE
LANARK HEALTH CENTRE
SOUTH VENNEL
LANARK

KJS/LC
13/08/2002
Dictated Date 13/08/2001

Dear Dr Black

REV DAVID BLACK DoB 01/05/1937 Unit No. 0105371564 CHI 0105375292
14 COALPOTS WAY FISHCROSS ALLOA FK10 3HP
Attended: 08/08/2002 Consultant: Dr K Simpson TRANSPLANT SURGERY

DIAGNOSIS;

1. Liver transplant for hepatitis C - April 1996
2. Previous haemophillia
3. Recurrent hepatitis C with significant fibrosis on liver biopsy

I reviewed the Rev Black and his wife in the liver transplant follow up clinic on 8th August. He has occasional headcahces and feels that he is getting generally weak, but otherwise feels well.

Current medication -

Tacrolimus 1.5 mg od
Ranitidine 150 mg nocte
Antioxin tablets which he buys over the counter at the chemist

Clinical examination revealed a BP 120/60 with a pulse rate of 780 beats/minute in sinus rhythm. There was no jaundice clinically detectable and his chest was clear to auscultation. Abdominal examination revealed the scar of his previous surgery which was well healed and there was no peripheral oedema. His weight is stable at 92.3 kilos.

Results - FBC was normal, apart from a reudced Platelet count at 112, but this has been stable since his transplant, and probably reflects continuing hypersplenism. His U&E's are normal, but random blood Glucose is 11.9mmol/l. His Liver function tests remain abnormal wiht an ALT of 112u/l, GTT 134u/l. His Tacrolimus level was > than 1 mg/l.

I had a long chat with Rev Black about the possibility of treatment, the conversation I had had with him previously. Certainly his liver biopsies have clearly demonstrated progressive fibrosis, and without attempting anti-viral

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treatment it is clear that he will develop recurrent cirrhosis. He again seemed quite keen in the clinic to start anti-viral treatment. At the moment we have not used pegalated interferon for treating our post trnsplant patients with hepatitis C, but the Rev Black seemed quite keen on the idea of only having a single injection per week, rather than 3 per week. I will discuss this with my colleagues, Dr's Macgilchrist and Prof Hayes, on their return from holiday, and will get in touch with the Rev Black about instituting anti-viral treatment. His blood tests would suggest that he now has diabetes which we can't see previously in his notes, even in the immediate post operative period. I wondered if you might be able to follow this up with the local diabetic services.

c.c. Prof P Hayes, DOM, RIE
Dr A Macgilchrist, SLTU

Yours sincerely

Dr K Simpson
Consultant Physician

Copy to: Dr J MacKenzie, Con Physician
Royal Infirmary, Glasgow
Prof Lowe, Royal Infirmary
Glasgow

Dr R Her, Con Dermatologist
Law Hospital, Carluke
Prof Ludlum, Con Haematologist