

THE ROYAL INFIRMARY OF EDINBURGH
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SCOTTISH LIVER TRANSPLANT UNIT

Direct Line 0131-536 3776

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AJM/JF/010537

3 July 1995

Dr J F MacKenzie

Consultant Physician

Royal Infirmary

16 Alexandria Parade

GLASGOW

G31 2ER

Dear John

DAVID BLACK, 1 ST TEILING, LANARK

Thanks for very much for asking me to see this nice man with haemophilia A and hepatitis C cirrhosis for consideration of liver transplantation.

His history is well documented in your referral letter and I will concentrate on his current problems. Over the past year he has developed significant fatigue. He has to spend the occasional day in bed and cannot concentrate for more than an hour or two at a time. He has, however, lost no time off work. He is a minister whose involvement with the prayer movement involves a lot of travelling and he is encountering problems getting medical insurance cover when he goes abroad. He has ascites which is becoming more difficult to control, although currently he only has a tracer detectable ascites on Amiloride 15mg daily and Frusemide 40mg every third day (having switched to Amiloride from Spironolactone because of gynaecomastia). He has not had any gastrointestinal bleeding since that single episode in the 1980's and I understand he has a yearly check which has not shown any recurrence of his varices. He takes Quinine for cramps and has had no recent trouble from an old disc problem. He has had no major bleeding from his haemophilia for many years and does not suffer from any joint problems.

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I gather that he has been tested for HIV and found to be negative.

I think that Reverend Black is a good candidate for liver transplantation. Clearly, it will be a major undertaking for the blood transfusion service to supply sufficient quantities of Factor 8 to cover the procedure, but this should not be a major problem and, as we discussed on the phone, transplantation has been undertaken successfully with patients with haemophilia elsewhere. Assuming it is successful, it has the added bonus of curing his haemophilia (a rather crude example of gene therapy!). However, I am not sure that his symptoms are sufficiently severe to justify the risk as yet and we have to bear in mind that it is likely that he will continue to have hepatitis C in his new liver, although it seems this is a clinical problem in only a small minority of such patients. We had a long discussion about the pros and cons of the operation and I have arranged to see him again in 3 months time.

Thank you for this interesting, appropriate and timely referral.

Best wishes.

Yours sincerely

A J MACGILCHRIST
Consultant Physician

cc: Dr Hill, The Health Centre, South Vennel, Lanark