

## MEDICINE UNIT B

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JAHF/AMR/DICT.. 25.10.95

TYPD. 03.11.95

Dr F G Dunn  
 Consultant Cardiologist  
 ECG Department  
 Stobhill Hospital

Dear Dr Dunn

Eileen O Hara d.o.b. 09.10.30, Unit No 093961  
66 Menzies Road, Glasgow G21

Your Registrar wrote to me about this lady asking for my advice with regard to her being Hepatitis C Positive.

I note that she was found to have hepatosplenomegaly around 1990 and that a recent liver biopsy shows an established cirrhosis. This could be idiopathic but could be related to Hepatitis C, but there is no obvious continuing Hepatitis from the biopsy report.

If her cirrhosis is due to Hepatitis C (and of course it could be cryptogenic) then she must have contracted her Hepatitis C very many years ago as cirrhosis develops very slowly following infection with Hepatitis C.

Interferon has been used for Hepatitis C but the results in terms of clearing the virus from the patients serum are disappointing. Perhaps only around 25% of patients will respond on a long term basis and all the evidence suggests that patients who are cirrhotic have a much lower response rate than this. The other factor is that Greater Glasgow Health Board has instructed the General Practitioners not to prescribe Interferon for chronic Hepatitis C and the Trust will also not prescribe it. The Health Board have apparently given £200,000 for a trial to be started at the Royal and the Western. At the present time I have not seen the Protocol to see which sort of patients would be suitable for treatment, but I doubt if this lady would be a candidate. Having said that I will arrange to review her liver biopsy to see if there is any ongoing evidence of Hepatitis and will write to you further after that.

Yours sincerely

J A H Forrest  
 Consultant Physician and Gastroenterologist