



Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW
Telephone: 0141-201 3000
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**DEPARTMENT OF CLINICAL AND
LABORATORY HAEMATOLOGY**

CONSULTANT HAEMATOLOGISTS
DR R L C CUMMING
DR R BROOKE HOGG

RN/DS

Dictated: 22 4 97

Typed: 23 4 97

Dr A Davda
Springburn Health Centre
200 Springburn Way
GLASGOW
G21 17R

Dear Dr Davda

**EILEEN O'HARA DOB 09 10 30 UNIT NO 93961
56 MENZIES ROAD GLASGOW G21 3LY**

I saw this lady with cirrhosis of the liver, mitral valve disease and non-insulin dependent diabetes, at your request on 21st April. She had been referred because of neutropenia and thrombocytopenia. She has no major history of bleeding or bruising and has had no major infections. She has been neutropenic and thrombocytopenic for some time and underwent a bone marrow examination in 1995, which showed reactive changes only. She has been noted to have hepatosplenomegaly presumed secondary to her Hepatitis C infection which I believe followed a blood transfusion at some point in the early 80s. She attends the cardiology department for review of her valve function. Her present medication is Warfarin, Digoxin, Gliclazide and Diumide- K.

Socially she is married with four children and is an ex-ward orderly. She is a non-smoker who takes no alcohol.

On checking of her blood her haemoglobin is 11.8, with a white cell count of 2.9 and platelets of 59. Her ESR is 2 mm/hr. Her serum ferritin shows her to have borderline iron deficiency with a level of 11 ug/l. Her Us and Es are normal but her liver function tests showed derangement of her transaminases with an AST of 78, ALT of 124 and LD of 698, in keeping with her Hepatitis C infection. Her blood glucose is 16.2. She is euthyroid. I have taken blood for antinuclear factor and rheumatoid factor screening.

This/.....



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EILEEN O'HARA DOB 09 10 30 [CONT'D]

This lady has a thrombocytopenia and a mild leucopenia due to her Hepatitis infection and hypersplenism. She is asymptomatic from this. The only outstanding features with her is that she is developing early iron deficiency and I think it would be wise if she was commenced on Ferrous Sulphate 200 mg three times a day. I have written to her suggesting this. I have arranged to see her back at the clinic in three weeks' time at which point we will arrange an upper GI endoscopy as it may be that she is bleeding from her upper GI tract as a consequence of her cirrhosis. As her neutropenia and thrombocytopenia are of long-standing and not causing any particular problems, no intervention is required.

I will review her back at the clinic in three weeks' time as arranged and keep you informed as to her progress.

Yours sincerely.


R NEILSON
SENIOR REGISTRAR





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