



DIVISION OF GENERAL MEDICINE UNIT A

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Dr E H McLaren

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EHMcL/EP

Dict: 3.8.94

Typed: 5.8.94

A.N.
Dr ~~N S~~ Davda
Turret Medical Centre
Catherine Street
Kirkintilloch
GLASGOW
G66 1JB

Not over
from Springfield 4c

Dear Dr Davda,

EILEEN O'HARA, DOB: 9.10.30 UNIT NO: 93961
56 MENZIES ROAD, GLASGOW, G21 3LY

Thank you for sending this patient up to the Diabetic Day Unit. I understand she has had diabetes for two or three years, treated with a sugar-free diet, although she has not been attending a clinic regularly. She was recently noted to have a leg ulcer, and at the same time her diabetic control was noted to have deteriorated. She herself, however, has no symptoms of diabetes, apart from a little bit of nocturia, and otherwise feels well.

She has, of course, a past history of a mitral valve replacement, and is receiving Diumide-K, Warfarin and Digoxin. On examination, she was around her standard weight at 56kgs with a BMI of 24. Blood pressure was 126/68. Prosthetic valve sounds were, of course, present, but I was rather surprised to find that she has hepatosplenomegaly.

As far as her diabetic control is concerned, a glycosylated haemoglobin was elevated at 10.8, with normal urea and electrolytes. Blood pressure was 126/68 and there was no diabetic retinopathy.

As far as her diabetes is concerned, I think this is suboptimally controlled. I do not think this is due to the ulcer on her leg, but more to a progress in her diabetes, and I think the time has come when she should be started on an oral hypoglycaemic agent.

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As you will see from my handwritten note, I would suggest she is put on Gliclazide 80mgs daily.

I understand that you are going to follow her up at your Diabetic Clinic from now on, so I have not arranged to see her again, but have emphasised to her the importance of getting her eyes examined at least once a year.

As far as her hepatosplenomegaly is concerned, I would imagine that this is secondary to her mitral valve replacement. What I have done, is to write to the Cardiac Surgeon at the Royal about this, since if it has previously been noted, then it is unlikely to be of any significance. If it is new, then I think she would require at least an ultrasound, but I will get in touch if this is required.

Yours sincerely,

E H McLAREN
CONSULTANT PHYSICIAN