Royal Infirmary of Edinburgh
51 Little France Crescent, Old Dalkeith Road, Edinburgh, EH16 4SA. Telephone: 0131 242 1000

To: DR RR JAMIESON
BRIDGETON HEALTH CENTRE
201 ABERCROMBY STREET
GLASGOW

G40 2DA

Admission date: 07/10/2004
Date of death: 17/11/2004
Consultant: Dr Alastair MacGilchrist

Ward: SLTU

Our reference: AR/CJC

Name: **VICTOR TAMBURRINI**

Number: 620109706M
CHI no:
D.O.B.: 27/04/1957

Address: 284E LONDON ROAD
GLASGOW
G40 1PT

LIVER /
ICD LSA 1200990000

22 November 2004

DIAGNOSIS -

1. Hepatitis C cirrhosis - transplanted 2002
2. Graft failure due to recurrent hepatitis C - retransplant February 2004
3. Fibrosing cholestatic hepatitis in current graft - failed antiviral therapy
4. Decompensated cirrhosis - cause of death

Mr Tamburrini was admitted to the transplant unit on the 7th October from the transplant clinic where he had been reporting significant deterioration in the last few weeks. He was suffering from severe lethargy and fatigue, anorexia and weight loss and significant depression mood. He had not had any fevers or focal infective type symptoms.

It was thought that his symptoms may have reflected depression in relation to his Interferon and this was stopped.

He subsequently became febrile in association with leucopenia and thought to be due to the Interferon. Despite continuing his GCSF he remained leucopenic for quite some time and was persistently febrile. Extensive septic screen and cultures was unable to identify a source of sepsis. He was treated with a variety of braod spectrum antibiotics and also was given anti fungal therapy and Ganciclovir. The Ganciclovir was ceased after his CMV PCR came back negative.

He developed increasing hepatic decompensation during the admission with increasing ascites and episodes of recurrent encephalopathy. Paracentesis was required for his ascites as this did not respond to diuretic therapy.

His fever eventually resolved though the cause of it was never clear. Unfortunately he developed increasing encephalopathy with no obvious precipitant.

At that stage there was no evidence of sepsis and there was no reponse to correction of electrolyte abnormalities or lactulose.

Victor's case had been discussed at length with his wife. She was aware that he would not be considered for a third liver transplant given the rapid recurrence of inflammation and failure of the last two grafts. Once it became clear that his rapidly worsening encephalopathy had no obvious treatable precipitating factor, following long discussions with Victor's wife the decision was made that he would not be for any escalation of therapy and would not be for intensive care. The plan would be to concentrate on keeping him comfortable should he deteriorate further. Victor was non responsive for encephalopathy for over two weeks and received only sub cutaneous fluid and analgesia as required. His condition slowly deteriorated and he passed away on the 17th November. His wife and brother were present at the time of death.

Yours sincerely

ALEX RODGERS
SPECIALIST REGISTRAR to Dr Alastair MacGilchrist

Copy to: Dr A Stanley
Consultant Physician
Royal Infirmary
GLASGOW