ROYAL INFIRMARY OF EDINBURGH LITTLE FRANCE OLD DALKEITH RD EDINBURGH EH16 SCOTTISH LIVER TRANSPLANT UNIT

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DR RR JAMIESON BRIDGETON HEALTH CENTRE 201 ABERCROMBY STREET GLASGOW G40 2DA

> KJS/LC 14/09/2004 Dictated Date 13/09/2004

Dear Dr Jamieson

MR VICTOR TAMBURRINI DOB 27/04/1957 Unit No. 620109706M CHI 284E LONDON ROAD GLASGOW G40 1PT Attended: 06/09/2004 Consultant: Dr K Simpson TRANSPLANT SURGERY

GRI OUTREACH CLINIC

DIAGNOSIS;

- Hepatitis C and alcohol induced cirrhosis requiring transplant - 2002
- 2. Recurrent hepatitis C with graft failure and re-transplant February 2004
- 3. Fibrosing cholestatic hepatitis in current graft
- 4. Re-fashioning of entero-enterostomy February 2004
- 5. On hepatitic C therapy

I reviewed Mr Tamburrini in the GRI outreach clinic on 6th September. He has a non-productive cough but is feeling better since he had his transfusion the week previously.

Current medication -

Tacorlimus 0.5 mg bd Erythropoietin GCSF Ribaviron Pegulated Interferon

Clinical examination revealed a BP of 124/80 and pulse rate of 78 beats/minute in sinus rhythm. There was no jaundice clinically detectable and he had reduced air entry at his basis. Abdominal examination revealed the left lobe of his liver to be palpable but there was no other abnormality. He had mild ankle oedema.

Haemoglobin 92g/l, WCC 5.3, Platelets 50. His PTR 12 seconds with a control of 9. His U&E's were mildly abnormal with a Uera of 6.7 mmol/l. His Liver function tests remain abnormal with a Bilirubin of 43 mmol/l, ALT 125 u/l, GTTP 291 u/l, Alk Phos

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395u/l. His Albumin was reduced at 23. His Tacorlimus level even on this quite low dose of Tacrolimus is 14ug/l.

I discussed with Mr Tamburrini re-admitting him for another liver biopsy, and have arranged this for the 14th September. We will be in touch once we have undertaken

Yours sincerely

Dr K Simpson Consultant Physician

Copy to: Dr A Stanley Consultant Physician Glasgow Royal Infirmary

GLASGOW

Mr S Wigmore Consultant Surgeon Dept of Surgery NRIE