09/3/04
TUES

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: 13/01/2004
Discharge date: 28/02/2004
Consultant: Dr Alastair MacGilchrist

Ward: 206

Our reference: MT/LC

Name: **VICTOR TAMBURRINI**

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

Address: 284E LONDON ROAD
GLASGOW
G40 1PT

LIVER / Liver transplant graft failure
Orthotopic liver transplant
ICD LSA 1248230000

Date of operation 04/02/2004

LIVER /
Laparotomy +/- bx
ICD LSA 1200060000

Date of operation 16/02/2004

OTHER/NOT SPECIFIED /

ICD LSA 0000000000

Date of operation 16/02/2004

No Complications

3 March 2004

DIAGNOSIS;

1. Hepatitis C and alcohol induced liver failure requiring transplant 2002
2. Bilairy leak and stricture
3. Recurrent hepatitis C related cirrhosis
4. Decompensated hepatic C related cirrhosis
5. Re-transplantation - 04/02/04
6. Post-op complicated by peritonitis due leaking entero-enterostomy 12 days post-transppamt requiring refashioning of entero-enterostomy

Discharge medication -

Ganciclovir 1 gram tds
Cotrimoxazole 480 mg od
Ranitidine 150 mg bd
Fluconazole 100 mg od
Tacrolimus 1 .5 mg bd
Paracetamol 1 gram qid
Azathioprine 100 mg od

Lactulose 10 mls bd
Prednisolone 15 mg od
Tramadol 100 mg tds
Atenolol 50 mg mane
Calcium Resonium 15 grams tds
Ferrous Sulphate 1 tablet tds

Mr Tamburrini was admitted on the 13th Janaury 2004, from the transplant clinic. The problems necessitating this admission included renal impairment secondary to over diuresis with a Creatinine 182, Urea 25.3, marked hyper-bilirubinaemia, Bilirubin 538, Albumin 31. He was also symptomatic with itch and jaundice. He was treated with intravenous fluids and cessation of his diuritics. An abdominal ultrasound was performed which showed patent hepatic artery but no flow in the portal vein at the porta. No other focal hepatic lesions. Liver biopsy was performed on 16th January 2004, which showed evidence of cirrhosis likely secondary to recurrent hepatitis C. Mr Tamburrini's ascites recurred over the next 2 weeks and was treated initially with ascitic drainage as well as re-starting his diuretics. He also developed staphylococcus bacteraemia and was treated with Flucloxacillin. His liver function and renal function remained stable. On the 4th February 2004, his Bilirubin was 548, Albumin 23, Urea 11.1, Creatinine 166, Sodium 131, Potassium 4.2.

A donor liver became available on the 4th February 2004, and Mr Tamburrini was transplanted on that day.

The post-operative course was complicated by abdominal pain which was diagnosed as peritonitis. Twelve days post-transplant he was taken to theatre and a leaking entero-enterostomy was diagnosed and refashioned. On post refashioning of the entero-enterostomy Mr Tamburrini made a steady recovery initially with TPN feeding but eventually oral feeding.

On discharge the issues were that of normocytic anaemia with a Haemoglobin of 70. This was transfused units. His Potassium levels had also climbed to around 5.5 - 5.7. He was started on Calcium Resonium.

On discharge on the 28th February 2004, his Haemoglobin was 90, Platelets 157, PT 11, Uera 8.3, Creatinine 93, Potassium 5.7, Bilirubin 27, ALT 74, ALP 557, GTT 399, Albumin 19.

Mr Tamburini will be reviewed in the Tuesday clinic on 9th March. A decision will be made at that stage in regards to the timing of re-starting his anti-Hep C medication.

Marcus Teo
Specialist Registrar to Dr Alastair MacGilchrist

opy to: Dr A Stanley
Consultant Physician
Royal Infirmary
Glasgow

Mr K K Madhavan
Consultant Surgeon
Transplant Unit
RIE