

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
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G40 2DA

29/1/04

AB/CJC
15/12/2003

Dear Dr Jamieson

MR VICTOR TAMBURRINI DoB 27/04/1957 Unit No. 620109706M CHI
284E LONDON ROAD GLASGOW G40 1PT
Attended: 04/12/2003 Consultant: Andrew Bathgate TRANSPLANT SURGERY

DIAGNOSIS -

1. Hepatitis C and alcohol induced liver failure requiring transplant 2002
2. Biliary leak and stricture
3. Recurrent hepatitis C related cirrhosis

I saw Mr Tamburrini in the clinic along with his wife this morning. He himself is feeling slightly better with less jaundice and a bit more energy, although he has definite peripheral oedema now. He is aware that the biopsy performed recently shows hepatitis C related cirrhosis and that the upshot of this is that he may well require consideration for retransplant next year. We had discussed whether or not we should stent his biliary tree, but given that his bilirubin is improving and he has no symptoms of cholangitis I am not sure that there is a huge amount to gain from this at present. As regards his hepatitis C, his albumin is 29, bilirubin 70 and he has peripheral oedema which would suggest to me that he is unlikely to tolerate any treatment in his present state.

Today I have simply repeated his hepatitis C RNA and said that we will see him in January to discuss options. Clearly these will be either a small dose of anti viral therapy now or just to bring him in for reassessment and consider what we would do differently next time. Looking through his notes I realise that he had fairly florid disease pre first transplant with a high alpha feta protein and he is genotype 1 so we would need to be fairly aggressive, I think, in our treatment for his hepatitis C.

At present his medication consists of Tacrolimus 0.5 mg bd, Amlodipine 5 mg, Atenolol 50 mg and Frusemide 40 mg along with 25 mg of Azathioprine. I have given him a handwritten note to start some Spironolactone to try and improve his fluid and we will let him know to reduce his Tacrolimus to 0.5 mg daily given that his level was 16 today with a bilirubin of 78, ALT 212, alk phos 186, GGT 195, albumin

MR VICTOR TAMBURRINI 27/04/1957 Unit No. 620109706M
284E LONDON ROAD GLASGOW

29.

He will be reviewed again in the middle of January.

Yours sincerely

Andrew Bathgate
Consultant Physician

Copy to: Dr A Stanley
Consultant Physician
Royal Infirmary
GLASGOW

Mr K K Madhavan
Consultant Surgeon
Transplant Unit
RIE