GLASGOW ROYAL INFIRMARY University N.H.S. Trust
AUSPICE CÆLO

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Dr I D Walker's Haematology Clinic
Wednesday 25 July 2001

LMCL/LB/0439157V

8 August 2001

Dr John Gibson
Honorary Consultant in Oral Medicine
Glasgow Dental Hospital & School
378 Sauchiehall Street
Glasgow
G2 3JZ

Dear Dr Gibson

Victor Tamburrini – 27.4.57
284E London Road, Glasgow G40 1PT

Thank you for referring this 44 year old gentleman to the haematology clinic for further investigation of abnormal blood parameters including an elevated MCV, thrombocytosis, mild eosinophilia and mild reticulocytosis.

He was referred to yourself for further investigation of oral ulceration and it was at this time that these abnormal blood parameters were noted.

His main complaint is of swollen legs, feet and ankles on and off for approximately 6 months. He has been referred by his GP to the medical team for investigation of this.

The last full blood count that we have in his notes is from 1999 and this was normal. However I do note that his platelets have previously been low.

His past medical history includes pancreatitis in 1999 which was felt to be virally induced. He has also been treated for gynaecomastia. He drinks at least 20 units of alcohol per week and frequently more. He normally drinks beer and red wine.

His family history is unremarkable. He is a non smoker and works in a bar which he feels does not help his drinking habits. He lives with his wife. Systemic enquiry is unremarkable and his only other complaint is of tiredness for 2-3 months.

On examination .../

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On examination he had oral ulcerations, there was occasional spider naevi. Cardiovascular and respiratory examinations were unremarkable. On examination of his abdomen I thought I may have been able to feel a liver edge but was not entirely certain of this. There is no lymphadenopathy, particularly in the inguinal region. He has pitting oedema to mid calf and there is a petechial rash on his skin below his knees.

I note in the referral letter from his GP to the medical team, his LFTs were documented as being quite abnormal with a bilirubin of 125, alkaline phosphatase of 670, AsT of 156, AlT of 93 and gamma GT of 115.

His results from the Clinic showed a white cell count of 7.3 x 10^9/l; haemoglobin 14.9 g/dl; platelets 84 x 10^9/l; ESR 8 mm/hr; retics 114 x 10^9/l; B12 1148 pg/ml; serum folate 11.9 ng/ml; ferritin 209 ug/l; PT 19; APTT 50; TCT 16; Fibrinogen 1.9. I have also sent blood for LFT and thyroid function which are outstanding, and Direct Coombs test.

I think this gentleman's blood parameters and symptoms all relate to liver disease. It would seem that the most likely cause of the liver disease would be alcohol. I do however think in view of his elevated reticulocyte count we should attempt to exclude haemolysis. I have probably not checked sufficient blood tests to do this today, but I have sent blood for a Direct Coombs test and LDH. However at next visit we should ask for direct and indirect bilirubin, haptoglobins, plasma haemoglobin and methaemoglobin. The ankle oedema is most likely to be due to hypoalbuminaemia. However I will arrange an abdominal ultrasound to look at the texture of his liver and to exclude any intra-abdominal lymphadenopathy.

We will see him again in 6 weeks' time. In the meantime I advised him to stop drinking alcohol.

Yours sincerely

Dr Lorna McLintock
Specialist Registrar

Cc Dr Jamieson
Bridgeton Health Centre

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