

Royal Infirmary
16 Alexandra Parade
GLASGOW G31 2ER

GASTROENTEROLOGY

Consultants:

Dr J F MacKenzie (0141 211 4519/fax 0141 552 6126)
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Dr A J Stanley's Liver Clinic

Dr M Duncan
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA.

DG/ST/439157V

Dict: 12/11/01
Typed: 09/12/01

Dear Dr Duncan

RE: *Victor Tamburrini, 27.04.57*
284E London Road, Glasgow, G40 1PT

Diagnoses:

1. Hepatitis C infection.
2. Alcohol excess.
3. Bilateral mastectomies for gynaecomastia in 1998.

Many thanks for referring this 44-year-old gentleman to the Liver Clinic where I saw him on behalf of Dr Stanley. Essentially he has a five year history of drinking approximately 80 units of alcohol per week which he claims now to have cut down. He was initially referred to the haematology for investigation of a macrocytosis. Liver tests were noted to be deranged and subsequently as part of the liver screen his Hepatitis C PCR was found to be positive. He denies any known risk factors for acquisition of this virus. He did receive a blood transfusion but in 1999 when this took place, screening was well underway.

Of note in his liver screen, his auto antibodies were negative and his alpha-1-antitripsin and serum plasma levels were within the normal reference range. He was hepatitis B surface antigen negative.

Somewhat worryingly his alphafetoprotein has jumped from 78 to 156 last month. He is mildly coagulopathic and he is thrombocytopenic.

His bilirubin was 93, AST 215, ALT 141, alk-phos 726 and gamma GT 89. He was hypo-albuminaemic with an albumin of 24.

On examination today, he was clinically icteric and had liver palms. He had multiple spider naevi and palpable gynaecomastia. He had a 2 cm palpable liver edge but there was no splenomegaly or ascites clinically present.

(Contd.....)

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Victor Tamburrini
439157V

An abdominal ultrasound today revealed changes consistent with liver cirrhosis but no definite hepatoma was visualised. After discussion with Dr Leen we have decided to proceed to an MRI of the liver in view of his alphafetoprotein. Clearly this gentleman has decompensated chronic liver disease from a combination of alcohol and hepatitis C. I have explained this to him and his wife today and this appears to have come as a great shock. I have underlined the need for complete abstinence from alcohol as he already has signs of permanent liver damage.

I have checked his LFTs today and tested his sympathetic function and we will see him back at the clinic in a couple of weeks when his MRI has been performed.

Many thanks again for the referral.

Yours sincerely

Dan Gaya
SHO III

cc: Dr Lorna McKlintock, Specialist Registrar, Dept of Haematology, GRI