**DEPARTMENT OF HAEMATOLOGY**
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Consultants:
Dr Isobel D Walker
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LMCL/LB/0439157V

31 October 2001

Dr J Van den Hoven
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Dear Dr Van den Hoven

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

I reviewed Mr Tamburrini again on 5.9.01. His ankle oedema improved recently whilst he was off work and had his feet up more. He is now back at work as a barman and the swelling has recurred. His results from last visit are unfortunately not in his notes and I repeated his biochemistry. His Us and Es were normal. His LFTs were abnormal with a bilirubin of 116, AsT of 206, AlT 104, alkaline phosphatase 614, gamma GT 83 and albumin 84. I had requested an LDH but for some reason this was not done. He also has an increase in his immunoglobulins with an IgA of 9.2, IgG of 32, IgM of 190. His AFP is significantly elevated at 78 (normal less than 6). This gentleman obviously has significant liver disease. Today I sent blood for autoantibody serology and hepatitis serology. I also checked his HCG which was normal at less than 2. His albumin is significantly reduced and I suspect this is the cause of his leg oedema. He is waiting for word regarding his abdominal ultrasound and is due to attend the medical clinic at the beginning of October and I think it is more appropriate that they continue their investigations for his liver disease, but hopefully we have got most things underway.

As I have said previously I think his haematology probably relates to liver disease. His full blood count today showed a white cell count of 6.8 x $10^9$/l; haemoglobin 15.4 g/dl; MCV 112 fl; platelets 77 x $10^9$/l; retics 118 x $10^9$/l; DCT is very weakly positive and is probably not significant. His haptoglobins were slightly reduced although this can be seen in liver disease as well as haemolysis. There was insufficient blood for plasma haemoglobin or methaemalbumin. We do not have an LDH to help with our interpretation, although this may not be useful in view of his liver disease. We do not have any results for direct or indirect bilirubin.

I therefore .../

CANLIVER – 16/10

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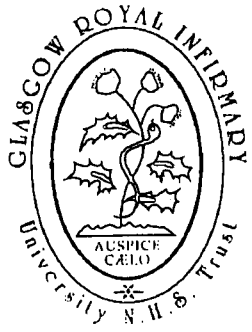


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I therefore think that the majority of this gentleman's symptoms relate to liver disease and this requires further assessment at the medical out patient clinic. Hopefully he will see them in the near future and I have arranged to see him at our Clinic following this to hear how he got on. I have reiterated my advice regarding cutting down on his alcohol intake. He has had some mild success in this.

Yours sincerely

Dr Lorna McLintock
Specialist Registrar

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