CONSULTANT

GLASGOW ROYAL INFIRMARY

84, CASTLE, STREET, GLASGOW C.4.

Telephone No. 041-552 3535
Ext.

ADMITTED	DISCHARGED	WARD	AGE	HOSPITAL NUMBER
31 10 87	16 11 87	3	1 5 37	318148

DISPOSAL

FOLLOW UP

NAME AND ADDRESS

DAVID BLACK
23 PARK AVENUE
BISHOPBRIGGS

FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS

	I.S.C. CODE
1. MILD HAEMOPHILIA A	
2. GRADE I OESOPHAGEAL VARICES	
3.	
4.	
5.	
6.	

DISTRIBUTION OF LETTERS

DR ROBERTSON
5 BALMUILDY ROAD
BISHOPBRIGGS

CC MR ANDERSON
CONSULTANT SURGEON
GRI

OPERATION	CODE
1.	
2.	
3.	

HISTORY

This 50 year old minister with mild haemophilia A was admitted with a history of recurrent upper gastrointestinal haemorrhage. He complained of a 2 day history of epigastric pain and dark stools which became darker. He has dyspnoea on exertion prior to admission. He has had 2 previous upper gastrointestinal haemorrhages whereby investigations showed Grade I oesophageal varices, possible duodenal polyp and old mallory weiss tear. He has not been vomiting and has had no recent alcohol intake. He was on Cimetidine, Iron tablets and Alludrox.

EXAMINATION

On examination he looked pale, but was not in distress. He was clinically anaemic with no signs of jaundice or lymphadenopathy. His pulse was 80 beats per minute regular and blood pressure was 130/70. There was no signs of heart failure and his chest and precordium were essentially normal. His abdomen was soft and he had a left iliac fossa tenderness with no masses or organomegaly. Bowel sounds were normal and a specimen of recent faeces was found to be FOB positive. His urea and electrolytes were normal except for a raised urea of 12.4 mmol/l. His full blood count showed a haemoglobin of 10.0 gm/dl and platel;ets of 127 and a white cell count of 5.7×10^9/l. An endoscopy was carried out which showed Grade I oesophageal varices and a small amount of fresh blood in the lumen of the oesophagus. No abnormalities were detected in the stomach and duodenum. Mr Black was transfused 3 units of packed cells and given intravenous Cimetidine and Tranexamic Acid. He was also provided with daily cryoprecipitate infusion. We have asked Mr John Anderson, Consultant Surgeon for his opinion as to the cause and management of his upper gastrointestinal haemorrhages.

over....

A small bowel barium enema was performed which did not show any abnormalities. Mr Black continued to have melaena and we were able to transfer him to ward 62 under the care of Mr Anderson. Mr Anderson performed an upper gastro-intestinal endoscopy whereby he found minimal oesophageal varices in the lower 5 cm of the oesophagus and a small polyp in the duodenum at the proximal second part. Mr Anderson carried out an injection sclerotherapy to the oesophageal varices. Mr Black was well post op and we were able to accept him back t o our care in ward 3.

The results of the various investigations done are as follows.

Liver and spleen scan - chronic parenchymal liver disease with early portal hypertension. The spleen was enlarged and the liver is of normal size. Ultrasound of upper abdomen, slight hepatomegaly with diffuse parenchymal disease, slight splenomegaly.

Liverfunction tests - raised bilirubin, alkaline phosphatase, AST, ALT and gamma GT.

Rheumatoid factor negative, antimitrochondrial antibody negative, antinuclear antibody negative.

PROGRESS

Mr Black continued to remain well except for the development of a small chest infection. Chest x-ray showed cardiomegaly and a small left basal effusion. He was treated with oral antibiotics and his chest became clear and his stools became FOB negative. We were able to discharge him from our care on 16 November 1987 on a drug therapy of Ampicillin, Tranexamic Acid, Fenous Sulphate tablets. Mr Black will be reviewed by Mr Anderson in 3-4 weeks time whereby he will be admitted to ward 62 for a repeat endoscopy and possible sclerotherapy.

L SOO
SENIOR HOUSE OFFICER

GENERAL PRACTITIONERS NAME and ADDRESS
Dr Robertson
5 Balmuildy Road
BISHOPBRIGGS