

Albyn Hospital

TSS/DAF/40100-0311-0001

DR THOMAS S SINCLAIR MB FRCP(Ed)
Consultant Gastroenterologist
GMC No: 1346217

Ms Tracy Turnbull
Senior Solicitor
Central Legal Office
Anderson House
Brediebain Street
Bonnington Road
EDINBURGH
EH6 53R

Date dictated: 1 March 2011
Date typed: 1 March 2011

Dear Ms Turnbull,

Alexander Laing (dob 7.12.1923) 6 Hilton Street, Aberdeen AB24 4QX

Herewith is the report on the above patient, regarding the Penrose Enquiry. All the points made are contained in my fax from last week.

The patient was diagnosed with Hepatitis C on a lookback programme by the Scottish Blood Transfusion Service in 1995. He subsequently had a liver biopsy, reference 1009. The biopsy indicated the possibility of early cirrhosis. As we often do in these cases, we reviewed the biopsy at our Clinical-Pathological Conference, reference 0087. The severity of the changes were thought, on consensus, to be rather less than initially reported. *Ref*

He was seen subsequently at the clinic in March 96, reference 0088 and again by myself, reference 0083, in September 96. I discussed the options of treatment with him. At that time, we believed the prognosis to be relatively mild in older patients. We only had single agent Interferon available for treatment with a poor success rate and a significant side effect profile and the patient was quite clear, having been informed of his choices, that he did not wish to accept treatment. *ref 0080*

He was subsequently seen after an episode of decompensation in Dr Fraser's Hepatitis Clinic in June 2002. By that stage, we knew that his disease was more advanced and we also, I think at that time, had the option of combination therapy with Ribavirin, with a greater success rate but the patient still did not wish to be treated.

It is possible, with hindsight that, had I been aware of the data now, not available then, that the disease was more progressive in the elderly and if we had had combination therapy, I would have pushed him a lot harder about treatment. However, that is all with hindsight and the advice given was based on the best evidence available at the time.

I hope this answers all the queries and helps the enquiry.

Yours sincerely

**T S Sinclair**

Grampian University Hospitals

Dr A Fraser
Gastrointestinal and Liver Service
Ward 13/14
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN



Direct Line 01224-552376
Fax 01224-550711
Email susm.truscott@arh.grampian.scot.nhs.uk

PD/ST/0182596

Dr M E Johnston
Calsayseat Med Practice
2 Calsayseat Road
Unknown
Aberdeen
AB25 3UY



CRN: 0182596M

CHI: 0712232036

Date Dictated: 18/06/02 Date Typed: 19/07/02

Dear Dr Johnston

MR ALEXANDER LAING (07/12/1923) 6 HILTON STREET, ABERDEEN, AB24 4QX

Thank you for referring this patient. He was referred to the Hepatitis Clinic and was seen by myself and Dr Fraser. He complains of vomiting on average once per week, nausea most days and constipation at times. His bowels lately have been regular and are moving each day with a normal stool. He complains of lower abdominal pain at times. He has no problems in relation to hepatitis C and does not wish to be treated. There is no further jaundice since December 2001. His only medication is Quinine Sulphate for leg cramps. We will arrange a C14 Breath Test to ensure eradication of helicobacter. If this is negative he should restart his Losec. We will be in touch following this examination.

His bloods were checked today including U's and E's, LFT's, ALT, full blood count and qualitative hepatitis C PCR. He will be seen at Dr Fraser's Clinic in six months time, but if there are any problems in the meantime please do not hesitate to contact us.

Yours sincerely

PAULINE DUNDAS
Specialist Nurse

RESULT: HB 122, MCV 112, PLT 85, WBC 3.6, PT 12.4, INR 1.1, APTT 31.8, FIB 1.7, NA 140, K 3.5, CL 106, UREA 5.3, CREA 89, URIC 0.30, CA 2.09, PROT 60, ALB 29, TBIL 34, AAT 213, ALKP 152, GGT 316, LD 191, ALT 167

VIRUS SEROLOGY

Hepatitis C antibody POSITIVE (Provisional)

Hepatitis C PCR (qualitative) POSITIVE

Evidence of active HCV infection.

Clinical details given as "lower abdominal pain. Prev Dukeys C carcinoma". Relevance to current test request?

LAI.001.0083



ABERDEEN ROYAL HOSPITALS NHS TRUST

GASTROINTESTINAL AND LIVER SERVICE

GI CLINIC WOOLMANHILL
WARD 13/14
DR T S SINCLAIR

Our ref: TSS/PS/0182596

Dr S J Lynch
2 Calceyseat Road
ABERDEEN

Dictated 24.9.96
Typed 7.10.96

Dear Dr Lynch

MR ALEXANDER LAING (7.12.23) 6 HILTON STREET, ABERDEEN

This patient's sigmoidoscopy is normal and he has had no further rectal bleeding. Bearing in mind the relative lack of success of Interferon and the fact that this man's liver biopsy shows only mild changes, I do not think we should give him Interferon. I discussed the options with him regarding this and if anything he preferred to take his chances and not have any Interferon at all. I think this is a very reasonable suggestion and I have discharged him.

I would be grateful however if you would keep an eye on his LFTs, perhaps twice per year, and if there is any deterioration we will review him at your request.

Yours sincerely

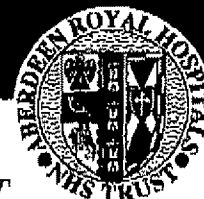
TS
T S SINCLAIR
Consultant Physician/Gastroenterologist

101096

1	TELL PT NORMAL	
2	MAKE APPOINTMENT	
3	ISSUE PRESCRIPTION	
4	NOTE IN CASE	
5	COMPROBATE	
6	UPDATE PROBLEM LIST	
7	UPDATE COMPUTER PL	
8	NURSE	
9	FINISH	



Raising the Standard



ABERDEEN ROYAL HOSPITALS NHS TRUST

GASTROINTESTINAL AND LIVER SERVICE
WARDS 13:14Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB9 2ZB
Tel: (01224) 681818
Ext: _____
Fax: _____

OUR REFERENCE:PP-RM:0182596

DATE DICTATED: 2 May 1996
DATE TYPED: 15 May 1996DR LYNCH
2 CALSAYSEAT ROAD
ABERDEEN

DEAR DR LYNCH

MR ALEXANDER LAING 7 12 23 6 HILTON STREET ABERDEEN

The histology from this gentleman's liver biopsy was reviewed recently at the GI pathology meeting. This revealed mild inflammation affecting the liver with some early fibrosis. It was felt that there may possibly be a case for Interferon therapy for this gentleman.

We plan to review him in OPD when we will check his Hepatitis C genotype

Yours sincerely

PERINDER PHULL
SENIOR REGISTRAR

17 MAY 1996

S	FILE	
T	TELL PT. NORMAL	
C	MAKE APPOINTMENT	
P	FOR PRESCRIPTION	
L	NOTES PLEASE	
D	COMPUTER CHANGE	
H	UPDATE PROBLEM LIST	
ST	UPDATE COMPUTER PL	
TR	NURSE	
	FUND	✓



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2-MAR-2011 13:14 FROM:ALBYN HOSPITAL

LAI,001,0088



ABERDEEN ROYAL HOSPITALS NHS TRUST

GASTROINTESTINAL AND LIVER SERVICE

Wards 13/14

Dr Sinclair's Clinic 28.3.96

Aberdeen Royal Infirmary

Foresterhill

Aberdeen AB9 2ZB

Tel: (01224) 681818

Ext: _____

Fax: _____

Ref: ASB/SLR/0182596

Dr Lynch
2 Calisayseat Road
ABERDEEN

Dictated 28.3.96
11 April 1996

Dear Dr Lynch

MR ALEXANDER LAING (7.12.23) 6 HILTON STREET, ABERDEEN

I reviewed this gentleman who has a history of hepatitis C infection, carcinoma of the rectum which was resected. As you know regarding his hepatitis he was positive for PCR. His biopsy shows chronic active hepatitis with mild fibrosis. He is doing well, having a normal appetite and energy.

On examination he looks well, vitals and stable. Examination is unremarkable. I have discussed him with Dr Sinclair regarding Interferon therapy but in view of his age and having no symptoms with only mildly abnormal liver function, we are not keen to start him on Interferon but we will discuss his biopsy at our pathology conference and Dr Sinclair will discuss his case for further evaluation and management. I am going to repeat his FBC and SMAC and will see him again in 6 months.

Yours sincerely

A S BHUTTA
Locum Senior Registrar

Na 139, K 4.1, HCO 28, urea 6.5, creat 104, albumin 35, bili 13, AAT 61, alk phos 61, GGT 97.
Hb 15.6, RBC 4.6, HCT 0.45, MCV 98, MCH 94, Plts 220, WBC 7.9.
ESR 28.

17 APR 1996

B	FILE
T	TELL PT. NORMAL
C	MAKE APPOINTMENT
P	FOR PRESCRIPTION
L	NOTES PLEASE
D	COMPUTER CHANGE
H	UPDATE PROBLEM LIST
ST	UPDATE COMPUTER PL
TR	NURSE
	FUND



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LAI.001.1009

DEPARTMENT OF PATHOLOGY

Medical School Buildings, Aberdeen Royal Infirmary,
Foresterhill, Aberdeen AB9 2ZD

Telephone Enquiries (01224) 687818 ext 53294/5

HISTOPATHOLOGY REPORT

AB001985/96

Mr. Alexander LAING

Date of Birth : 07-DEC-1923

Unit No. : 0182596

CHT No.

Source : Dr T S Sinclair

Ward 14, ART, Foresterhill

Date Received : 26-JAN-96

Date Issued : 30-JAN-96

Consultant Pathologist : Dr I D Miller

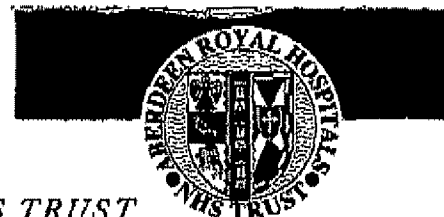
LIVER BIOPSY

4 fragments, 3 at 0.2cm and one at 0.3cm diameter as well as 2 strands of tissue, one at 0.9cm and one at 0.5cm in length.

Sections show a fragmented liver biopsy with associated blood clot. The portal tracts contain a dense chronic inflammatory cell infiltrate as well as the occasional neutrophil polymorph and display expansion with mild fibrosis resulting in piecemeal necrosis. There is distortion of the vascular relationships with mild thickening of the liver plates. No central veins are identified.

The appearances are those of a chronic active hepatitis and further, although it is difficult to be certain in this very fragmented biopsy the appearances are suspicious of cirrhosis. The appearances would be consistent with the clinical diagnosis of a hepatitis B aetiology but they are not diagnostic.

MD
(seen by IDU) Dr Martin McGuire
CIB



ABERDEEN ROYAL HOSPITALS NHS TRUST

GASTROINTESTINAL AND LIVER SERVICE

DISCHARGE SUMMARY
WARD 13/14
DR T S SINCLAIR

Our ref: MM/PS/0182596

Dr S J Lynch
2 Calceyseat Road
ABERDEEN

Dictated 27.1.96
Typed 5.2.96

Dear Dr Lynch

MR ALEXANDER LAING (7.12.23) 6 HILTON STREET, ABERDEEN

Admitted: 25.1.96 Discharged: 28.1.96

Diagnosis: Hepatitis C infection
Previous Duke's C carcinoma of the rectum

Further to Dr Sinclair's letter of 17th November, this 72 year old gentleman was admitted to Ward 14 for liver biopsy. FBC and clotting were normal and I have noted previous transaminases were deranged.

The biopsy was carried out without complication and we will see him again with the result in a few weeks' time to discuss the options.

Yours sincerely

MARGARET MCCARTNEY
SHO

Liver biopsy: The appearances are those of a chronic active hepatitis and furthermore although it is difficult to be certain in this very fragmented biopsy the appearances are suspicious of cirrhosis. The appearances would be consistent with the clinical diagnosis of a hepatitis C aetiology but they are not diagnostic.

T	TELL PT. INJURY
C	MAKE APPOINTMENT
P	FOR PRESCRIPTION
N	NOTES PLEASE
D	COMPUTER CHANGE
H	UPDATE PROBLEM LIST
ST	UPDATE COMPUTER PL
TR	NURSE
F	FUNC

12 FEB 1996



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ABERDEEN ROYAL HOSPITALS NHS TRUST

Ward 13/14
GASTROINTESTINAL AND LIVER SERVICES

Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB9 2ZB
Tel: (01224) 681818
Ext: _____
Fax: _____

TSS/SLG/0182596

DR S J LYNCH
2 CALSAYSEAT ROAD
ABERDEEN

Date Dictated: 14.11.95
Date Typed: 17.11.95

Dear Dr Lynch

ALEXANDER LAING (7.12.29) 6 HILTON STREET ABERDEEN

Unfortunately the PCR is not back from the reference lab, and if it is is not in his notes. I reviewed him today. His transaminasaemia is fairly mild on the previous blood tests but they were fairly high on the blood tests done by yourself. We now know that the long term outlook with hepatitis C is probably, in someone of this age group, fairly benign as it would probably be a significant amount of time before he produced enough chronic liver damage to creat ill health and my guess is that he will die of something other than liver disease. He is completely unphased by the whole thing but I do think we are due him a clearcut opinion as to the state of his liver and the only way to do this is with liver biopsy. I will try to get the PCR level back, because, if it is negative then we would not need to proceed with liver biopsy. I am delighted to say that his ultrasound scan showed nothing abnormal, in particular no evidence of metastasis from his previous Duke's C and I know that he is being reviewed by Ron Keenan shortly.

Yours sincerely

T S SINCLAIR
Consultant Physician/Gastroenterologist

S	FILE	✓
T	TELL PT. NORMAL	
C	MAKE APPOINTMENT	
P	FOR PRESCRIPTION	
	NOTES PLEASE	
D	COMPUTER CHANGE	
U	UPDATE PROBLEM LIST	
ST	UPDATE COMPUTER PL	
TR	NURSE	
	FUND	✓

20 NOV 1995



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