

**Dr Hamish D Duncan MD MRCP**  
**Consultant Physician**  
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Clinic date: 27.1.00  
 Typed: 7.2.00

AQ/LDE/G098452

Dr P Green  
 Consultant Haematologist  
 Department of Haematology  
 St Mary's Hospital

Dear Dr Green

Norma WINDSOR – Code A  
 Code A

Thank you very much for referring this 68-year-old lady to Dr Duncan's clinic. I understand that she has a complicated past medical history with CLL and ischaemic heart disease. Unfortunately I saw her without notes today.

However, I understand that before Christmas her Haemoglobin dropped from 13 to 10 and it has not really picked up since then despite having been on Iron. At around this time she also had a change in bowel habit with urgency and diarrhoea up to 6-8 times a day. However, she did not have any nocturnal symptoms.

I understand that she has had a variable bowel habit for the last 20 years following what I presume to be a vagotomy and pyloroplasty for duodenal ulcer disease with a resulting dumping syndrome. At times over the last 20 years she has had problems with diarrhoea which has settled spontaneously. However, also before Christmas she had a six-month course of steroids for ? bullous pemphigoid and she herself has felt very sure that her diarrhoea has been related to this.

Fortunately since Christmas her bowel habit has returned to normal and she has been opening her bowels once-twice a day with a normal stool although, as I mentioned, the Haemoglobin has not picked up on the Iron.

Apart from being on the Iron she has also been on Aspirin which may be of some relevance to the Haemoglobin and I understand that she is awaiting a quadruple bypass in near future.

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Norma WINDSOR — **Code A**

On examination today she had a hoarse voice although her TFTs were apparently normal and she has been seen by the ENT Department. Her chest was a little wheezy but her abdomen was soft with no overt tenderness. Flexible sigmoidoscopy showed a very loaded left colon with really impossible views and she declined an enema and re-examination.

I think that it is likely that she has had a functional upset before Christmas which has now settled down. Whether the steroids had some part to play I am not sure. Perhaps she had some irritability which was triggered by a short lived infection. However, as things are back to normal I have not taken things further. Obviously we do not have a clear reason for her drop in her haemoglobin although she does have a complicated haematological history.

In view of the above, I have suggested that we perform some faecal occult bloods. Finally, I have also checked her H-pylori serology in view of her past duodenal ulcer because theoretically it would be sensible to consider eradication therapy if she is H-pylori positive. In addition to this I wonder whether her Ferritin stores are low to confirm that she is Iron deficient as well although I presume that this has been done.

We will review the results of the FOBs and H-pylori serology. Otherwise I have left things as they are although of course we would be happy to review things if they become unsettled again.

Thanks very much indeed.

Yours sincerely

**Code A**

Amanda Quine  
Senior Registrar

cc: ✓ Dr A Knapman  
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