

U.N. 364377

12th May, 1992

Dr. Scott
The Surgery
9 Brook Street
HOLYWOOD
CO. DOWN
BT18 9DA

Dear Dr. Scott,

RE: ADAM STRAIN [REDACTED]

I am not quite sure when you last had a good letter about Adam because he was in hospital for a long time and has been in and out since he headed home.

The situation as you know was that he had major urological problems. He was operated on at the Ulster Hospital and here in the Children's Hospital by Mr. Brown. He has ended up with one ureter attached to the other and then the single, lower part of the ureter draining into the bladder. We are not entirely happy that this drains completely freely but it is felt by our surgical colleagues that this is the best result that can be achieved at the minute and they are loath to interfere again because he has had five operations in this area. One of our worries has been that his urine still occasionally shows yeasts present but we do not think this is a systemetic infection. Nevertheless we have put him on Fluconazole, one dose a day to try and keep this suppressed.

He came back into hospital shortly after he went home because he had got diarrhoea and we also thought he had a urine infection although his cultures, both of blood and urine were clear. He was therefore allowed home eventually when his tummy had settled down and was taking Ciproxin, although normally we try to avoid this in small children. He got better but over the last forty-eight hours has been spiking temperatures again, initially not particularly high at 37 to 37 . Today at the clinic he is hot, he is irritable but he is feeding alright and therefore I thought we should stop the Ciproxin which he has had for ten days and put him on to Septrin 480mgs b.d. until we get the result of today's cultures. He should also stay on biocarbonate 7.5mgs three times a day and Fluconazole 50mgs at night.

The other major problem that developed with Adam was that he vomited non stop, even when we got his urological plumbing sorted out despite the fact that his urea was not particularly high and runs around 6 mmol/l now.

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Adam Strain cont.....

Despite this however his creatinine is over 200 so he has got a considerable degree of renal impairment. To stop him vomiting he has had a fundoplication which has been successful so that vomiting is not a major problem now. The third problem worth mentioning is that he is polyuric and needs about 1 litre of fluids per day. As a result of this although he takes 600mls daily to drink he does need some tube feeds at night.

He is an extremely difficult baby to manage but is thriving well and his mother and grandmother know all the "tricks" of trying to keep his fluid intake right while getting his medicines into him. I think it is inevitable that he will be in and out of hospital again but hopefully as he gets bigger things will stabilise better.

We do not know what the real long term prognosis for his kidneys is, it may be that we will not be able to stop them deteriorating and he may eventually need other forms of support in terms of dialysis. Nevertheless we hope to avoid that and his mum knows the situation quite well.

Yours sincerely,

MAURICE SAVAGE
Consultant Paediatric Nephrologist

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