ENT DEPARTMENT - EXT [redacted]

26 March 1990

UN 328770

Dr Majors
Associate Specialist in Paediatrics
Ulster Hospital
Dundonald

Dear Joan

re Clare Roberts [redacted] dob 10.1.87

Clare was first seen in December '87. At that time there was evidence of catarrh in each middle ear, this was confirmed by free field testing and by tympanometry. I saw her subsequently on three other occasions and on each occasion her hearing was normal. I discharged her from further attendance. She was last seen at the clinic on 24.6.88.

Yours sincerely

D ADAMS
CONSULTANT ENT SURGEON

/dmg

CR - RVH

THE ULSTER HOSPITAL

DUNDONALD — BELFAST BT16 0RH

Telephone: DUNDONALD [redacted]

2nd March, 1990

JM/JC/U8706831

Secretary to
Mr. D. Adams, FRCS,
Consultant ENT Surgeon,
R.B.H.S.C.

[redacted]

Dear Madam,

re: Claire Roberts, [redacted] (DOB 10.1.87)

I would be very grateful if you could forward me a copy of the hearing assessment carried out by Mr. Adams on the above child. She attends the Developmental Clinic at the Ulster Hospital.

Yours faithfully, Thanking you

Joan Major

Dr. J. Major, M.B.,D.C.H.,
Associate Specialist in Paediatrics

WUH 349

ENT DEPARTMENT - EXT [redacted]

24 June 1988

UN 328770

Dr McMillen
220 Knock Road
Belfast

Dear Dr McMillin

re Claire Roberts [redacted]

This child attended again on 24.6.88. Her mother was happy that the hearing was normal.

On examination, both TM's looked normal. tympanograms were normal. It would appear that the catarrh which was previously in the ear has now settled spontaneously.

Yours sincerely

D ADAMS
CONSULTANT ENT SURGEON

DMG

CR – RVH

090-015-023

THE ULSTER HOSPITAL

DUNDONALD – BELFAST BT16 0RH

Telephone: DUNDONALD [redacted]

CH 328770

VG/JMcC/U8706831

9 February 1988

Dr McMillin
220 Knock Road
Belfast

Dear Dr ~~McMillin~~ Claire

RE: Claire Roberts [redacted]

I saw Claire on 4 February 1988. She has had no fits since September. She is on Epilim 2.75mls bd.

Physically she is thriving and indeed her tone was normal, her refluxes were brisk and equal. Physical examination revealed no abnormalities apart from the fact that she was not strange, which I felt she should have been at this age, with me. She is also attending Children's Hospital because there had been some doubt about her hearing, which has improved, although still not supposedly normal. She does suffer from catarrh. Mum in fact thinks she is very well.

Her speech is undoubtedly slow, she whispers 'ba ba', but makes no real 'ba ba' sounds or indeed any others. She knows her hair and her toes but not other parts of her body. She waves good bye and claps hands. She tends to grind her teeth, she sits well and she gets into the crawling position but doesn't really move forwards, but may go backwards. She has good pincer grip, she is not really standing with support. I felt there was definitely some concern about her developmental delay and have arranged to review her in another 2 months time. I told mum that she certainly had made progress, but there were still some areas which gave cause for concern.

Yours sincerely

Valerie

Dr V Gleadhill
Consultant Paediatrician

✓cc Dr Hicks Consultant Paediatric Neurologist
Royal Belfast Hospital for Sick Children

AUDIOLOGY CLINIC - Ext [redacted]

7 December 1987

UN 328770

Dr K Monaghan
220 Knock Road
BELFAST
BT5 6QD

Dear Kyran

RE: Claire Roberts [redacted] DOB 10.1.87

Thank you for referring Claire. I note that she has failed 2 Health Visitor screening tests of hearing. Her parents feel that she does have a slight hearing loss. She has no other ear symptoms. She is babbling. I note that she suffers from fits and is on Epilim.

On examination today there is evidence of catarrh in each middle ear. This was confirmed by free field tests of hearing and by tympanometry.

I have arranged to see her again in one month's time.

Yours sincerely

DAVID A ADAMS
CONSULTANT ENT SURGEON

DAA/PT

CR - RVH

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

1 507

SURNAME	FIRST NAMES	4 UNIT NUMBER
ROBERTS	CLAIRE	328770

10 1 Male 2 Female	11 DATE OF BIRTH 15	23 DATE ADMITTED 27	CONSULTANT	38
2	10.01.87	04.09.87	Dr Hicks	6215

ADDRESS [redacted]

46 DATE DISCHARGED 50: 18.09.87

LENGTH OF STAY-DAYS 51 53:

TYPE OF DISCHARG 5: 2

FINAL DIAGNOSIS OF PRINCIPAL CONDITION CAUSING ADMISSION: Salaam seizures — CODE 55 58: 780.3

OTHER MAIN DIAGNOSIS: 2nd ✓ — CODE 59:

OTHER MAIN DIAGNOSIS — CODE 63 66:

PRINCIPAL OPERATION — CODE 67 69: — 70:

OTHER MAIN OPERATION — CODE 75 77:

Dr McMillan,
Woodstock Road,
BELFAST 5

Dear Dr McMillan,

This 8 month old girl was admitted to Allen Ward on 4th September. The diagnosis was that of epilepsy.

At 6 months of age she had 2 episodes of twitching with no associated pyrexia, although she was snuffly at the time and was treated with Amoxil, but did not have an LP. One episode lasted about 2 minutes, the other about 10 minutes. Following discharge from hospital at that time she had 3 further convulsions over a 3 day period. This consisted of eye rolling, generalised jerking, she had a harsh cry and snorting and each attack lasted about 3 minutes. Following admission to hospital at that time she had 2 further absence attacks with no associated twitching. She was discharged from hospital and, 2 weeks later, readmitted having had 6 generalised convulsions within the one day, each lasting a minute with associated cyanosis. At that stage, on 24/8/87 she was started on Tegretol. On 2/9/87 she had 4 convulsions within the one day, these were tonic/clonic seizures lasting a few seconds. She was admitted to hospital and given Diazmoules and Phenytoin. At that stage, investigations including cerebral ultrasound, U&E, calcium, blood count, urine for amino acids, reducing substances, EEG and magnesium were all normal. CSF showed a traumatic tap and the protein was raised, but was probably in keeping with trauma. She was started on Tegretol 35mgs bd and her drug levels were 6.2. She has had two 3 in 1 vaccinations prior to this. Her development, according to the Health Visitor's assessment, up to the age of 6 months, was very satisfactory. At that time, she was rolling from a supine to prone position. She was reaching for objects, using both hands. However, there was no mention of her transferring. She was also sitting momentarily and weight-bearing and had full head control.

On admission here she appeared a well-nourished child, head circumference was 43cms, just below the 50th centile. Fundoscopy, extra-ocular movements, cranial nerves all normal. Gag reflex present, she had a normal suck. She had head control, although she had poor trunk control for her age. She had no stablising reflexes and could only roll from a semi-prone position. She looks at her hands, but makes no effort to reach and take objects. However, when placed in her hands, she would look and make an attempt to put them in her mouth. Prone, she could lift her head and chest, but was not able to lift on to her forearms. She could weight-bear on her lower limbs for a long period of time. Limb reflexes were normal. Plantar responses were equivocal. Her tone appeared otherwise normal, apart from poor trunk control and poor ability to lift her head when prone. Hearing appeared normal.

Investigations:- U&E, LFT, CPK all normal. Her blood pyruvate was marginally raised, there was no elevation of amino acids and urine for amino acids and reducing substances was negative. CAT scan was normal. Repeat CSF again was blood-stained with a raised protein, but eventually we got a clear sample, with a normal protein of 0.42g/l with no cells. Hb was 10.6g/dl, and WCC 13thous/ul. Wood's light investigation was also negative.

Following admission for 2-3 days she had no further seizures and began to play with some toys. However, she was still unable to sit. Subsequently however she did have attacks which clinically appeared like Salaam attacks. She had generalised flexion of her arms and legs lasting a few seconds. She also had some episodes of staring. Her EEG was not diagnostic of hypsarrhythmia, but did show an abnormality. Her EEG was repeated and, because of the appearance of the EEG, Dr Hicks decided to change her to Epilim and to wean her off Tegretol. Again her frequency of convulsions settled. Her mum began to get the impression they were occurring when she awoke from sleep. She had been getting 2-3 per day and, on discharge, she was having one every second or third day.

Following discharge, her mum rang to say that the seizure frequency had again increased and, because her Epilim levels were in the mid-therapeutic range, her dose was increased from 100mgs bd to 110mgs bd. To date, there appears to be no known cause for her epilepsy. It would appear to be idiopathic. She should not have any further 3 in 1 vaccination. She will be reviewed for developmental follow-up and assessment in response to therapy.

Yours sincerely,

M HANLON
Paediatric Registrar

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

507

SURNAME	FIRST NAMES	UNIT NUMBER
ROBERTS	CLAIRE	328770

1 Male 2 Female	DATE OF BIRTH	DATE ADMITTED	CONSULTANT
2	10.01.87	04.09.87	Dr Hicks 6215

ADDRESS [redacted]

DATE DISCHARGED: 18.09.87

TYPE OF DISCHARGE: 1 Discharge to other hospital; 2 Discharge–other; 3 Died–No P.M.; 4 Died–P.M.; 5 Transfer–same hospital: 2

FINAL DIAGNOSIS OF PRINCIPAL CONDITION CAUSING ADMISSION: Salaam seizures — CODE

OTHER MAIN DIAGNOSIS — CODE

OTHER MAIN DIAGNOSIS — CODE

PRINCIPAL OPERATION — CODE — DATE

OTHER MAIN OPERATION — CODE

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Paediatric Registrar