D62

D62

Mr Alan Roberts

[redacted]

4 August 2006

Dear Mr Barr

Following on from the inquest into Claire's death which concluded on 4 May 2006. I would like to comment on, clarify and highlight some points.

Coroner's verdict

Cause of death

1a Cerebral oedema
1b Meningo-encephalitis, Hyponatraemia due to excess ADH production and status epilepticus. **(in no ranking order)**

With regard to 'Hyponatraemia due to excess ADH production' my understanding is that there are two factors required for the development of hyponatraemia and I would make reference to the following:

Pediatrics 2004; 113;1279 -1284
Page 1279 "Abstract. To develop hyponatraemia (plasma sodium concentration P (Na) <136mmol/L, one needs a source of water input and antiduiretic hormone secretion release to diminish its excretion.

Page 1281 "There are 2 requirements for a fall in P (Na) the presence of ADH and a source of water input. Although it should not be surprising to find elevated ADH levels in acutely ill patients, this will not cause hyponatremia in the absence of water input"

Autopsy Summary compiled by Dr H Steen

I have grave concerns regarding the accuracy of the autopsy summary submitted to Dr Herron Clinical Pathologist, Belfast Royal Hospital.

a) The summary stated that Claire was "unwell for 72 hours prior to admission". **That statement is incorrect**. The first indication that Claire was unwell was on Monday 21 October on returning home from school.
b) The report states that Claire was vomiting on the Sunday prior to admission. **That statement is incorrect**. Claire did not vomit on Sunday the day before admission.
c) The report stated that Claire had diahorrea symptoms. **That statement is incorrect**. As stated on the hospital admission notes at 8pm on Monday 21 October Claire had "No diahorrea".
d) The autopsy summary makes a rather vague comment that "there was a query about low sodium". It does not define the rapid fall in Claire's sodium level from 132mmol/L to 121 mmol/L within 23 hours.

Indeed Dr Herron stated at the Inquest that he was aware of Claire's low sodium but was not aware of the rate and fall in sodium levels. Dr Herron also stated that the degree of encephalitis found would be more severe in a typical death.

Blood test result at 3:00am 23 October 1996

I was astounded that the blood test reported at 3:00am on 23 October 1996 defining a sodium level of 121 mmol/L had been overlooked by and not documented by any doctor following their review and report on Claire's medical notes. Indeed it was Dr Binghams only concern that the 121mmol/L reading at 11:30pm on 22 October 1996 may have been an isolated artefact.

Doctors from the Belfast Royal Hospital also attempted to suggest that the 11:30pm blood test could have been contaminated.

One other interesting observation from the 3:00am (23-10-96) blood test is that Claire's white cell count reading of 9.4 is back within the normal range. Would this be an indication that any infection Claire had was abating?

With regard to Claires care management there were several serious lapses. Dr Sands examined Claire at approximately 11:00am on 22 October 1996 and one of the medical notes entered defined a sodium level of 132mmol/L **(with no time defined)**. Dr Sands then consulted Dr Webb.

Dr Webb examined Claire between 1:00pm and 5:00pm on 22 October 1996 but erroneously assumed that the sodium reading of 132mmol/L was from a blood test carried out on the morning of the 22 October 1996.

Dr Webb assumed that Claire's sodium level had remained stable at 132mmol/L from the previous night (ie over a period of 12 hours).
Dr Webb entered a note in the medical records "I note the normal Biochemistry Profile" along with a memo to himself that this does not explain her current neurological condition. As we know a second blood test was not carried out until 9:30pm on 22 October with results available at 11:30pm defining a sodium level of 121mmol/L.

Test results for viral infection

As we know Claire did not develop a fever, indeed her temperature remained normal. All blood and C.S.F culture tests carried out proved negative. These included tests for mumps, measles, herpes simplex, herpes zoster, CMV, adenovirus, Q fever, PLGV, mycoplasma pneumonia, influenza A virus and influenza B virus.

Dr Maconochie (St. Marys Hospital) and Dr Bingham (Great Ormond Street Hospital) the two independent Doctors called by Mr Leckey H.M.Coroner to give expert opinions on Claire's case agreed that in their opinion Claire's case should be included in the Public Inquiry into Hyponatraemia related deaths.

Both doctors also agreed that in October 1996 they would have referred Claire's death to the coroner.

I believe it is important that any further review of Claire's case, either by the Public Inquiry team of experts or by their peer reviewers are made fully aware of these points and in particular the clarification regarding the autopsy summary compiled by Dr H Steen.

Following the Inquest into Claire's death my wife and I are now extremely concerned about the obvious shortcomings regarding Claries diagnosis, treatment and the care management she received at Belfast Royal Hospital. We believe that Claire's case needs to be included in the Public Inquiry into hyponatraemia related deaths.

Yours truly

Mr Alan Roberts