NHS HOSPITAL LETTER (FICTIONAL)

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NORTH LONDON UNIVERSITY HOSPITALS NHS TRUST

Department of Neurology
Royal Victoria Hospital
57-59 Highgate Road
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NHS Number: 765 432 1098
Hospital Number: NLH54321

GP: Dr. Helena Wright
The Hampstead Surgery
74 Rosslyn Hill
London NW3 1ND

Consultant: Dr. Amira Patel
Consultant Neurologist

Date of Clinic: 24 February 2025

RE: WILLIAMS, Emma

DOB: 03/05/1992 (32 years)
Address: Flat 7, 23 Camden Road, London NW1 9NQ

CLINIC LETTER

Dear Dr. Wright,

Thank you for your referral. I reviewed Ms. Williams today in the MS Specialist Clinic at Royal Victoria Hospital.

PRESENTING COMPLAINT

Progressive lower limb weakness and increasing bladder urgency over the past month.

HISTORY OF PRESENTING COMPLAINT

Ms. Williams was diagnosed with relapsing-remitting multiple sclerosis in 2019 following an episode of optic neuritis. She was commenced on dimethyl fumarate but experienced recurrent relapses and was switched to natalizumab in 2021. She has received this as a 4-weekly infusion at our Day Treatment Unit with good tolerance and disease control.

Over the past 4-5 weeks, she reports gradually worsening lower limb weakness, particularly affecting the left side, with associated stiffness and spasms. She now requires a stick for outdoor mobility. Additionally, she has developed increased urinary urgency and has experienced two episodes of incontinence. She denies visual disturbance, sensory changes, or cognitive difficulties.

Her last MRI was performed 9 months ago and showed no new or enhancing lesions. Her most recent JC virus antibody test (3 months ago) remained negative.

PAST MEDICAL HISTORY

- Relapsing-remitting multiple sclerosis (2019)
- Depression (2020)
- Migraine

CURRENT MEDICATIONS

1. Natalizumab 300mg IV every 4 weeks
2. Amitriptyline 10mg nocte
3. Baclofen 10mg TDS
4. Sertraline 100mg OD
5. Vitamin D 4000 IU OD
6. Sumatriptan 50mg PRN for migraine

ALLERGIES

Penicillin (rash)

SOCIAL HISTORY

Lives alone in a first-floor flat with no lift. Works part-time as a graphic designer, currently on reduced hours due to symptoms. Non-smoker. Alcohol intake: 4-6 units weekly. No recreational drugs.

FAMILY HISTORY

Mother with rheumatoid arthritis. No family history of MS.

SYSTEMS REVIEW

Neuro: As per presenting complaint.
Resp: No cough or shortness of breath.
CVS: No chest pain or palpitations.
GI: Normal bowel function.
GU: Urinary urgency and occasional incontinence as noted.
MSK: Fatigue and limb weakness as noted.
Psych: Mood stable on current medication.

EXAMINATION FINDINGS

General: Alert, oriented, no acute distress.
Observations: BP 124/78, HR 76, Temp 36.7°C, O2 sats 98% on air.

Neurological Examination:
- **Higher functions:** Alert and oriented. MMSE 30/30. - **Cranial nerves:** Intact. Visual acuity 6/6 bilaterally. Fundi normal. No INO or nystagmus. - **Motor:**
- Upper limbs: Tone normal. Power 5/5 throughout. - Lower limbs: Increased tone bilaterally. Power 4+/5 right hip flexion and knee extension, 3+/5 left hip flexion and knee extension. Ankle dorsiflexion 4/5 right, 3/5 left. - **Reflexes:** Brisk throughout (3+) with crossed adductors. Bilateral upgoing plantars. - **Sensation:** Intact to light touch, pin, vibration, and proprioception. - **Coordination:** Finger-nose testing normal. Heel-shin testing impaired on left due to weakness. - **Gait:** Walks with a left-sided circumduction. Uses stick. Unable to tandem walk or walk on toes/heels.

INVESTIGATIONS

MRI Brain and Whole Spine with contrast (24/02/2025):
Multiple T2 hyperintense lesions in periventricular, juxtacortical, infratentorial, and spinal cord regions consistent with demyelination. New enhancing lesion noted in the left lateral corticospinal tract at C3-C4 level. Two additional small enhancing lesions in the thoracic cord at T4 and T8.

Blood Tests (24/02/2025):
FBC, U&Es, LFTs, CRP, and ESR within normal limits.
Vitamin D level: 82 nmol/L (adequate).

Urinalysis:
Negative for infection.

IMPRESSION

Ms. Williams is experiencing a significant relapse of her relapsing-remitting multiple sclerosis with new enhancing lesions on MRI, despite natalizumab

therapy. The predominant features are progressive pyramidal weakness and bladder dysfunction.

PLAN

1. Commence IV methylprednisolone 1g daily for 3 days via our Day Treatment Unit, starting tomorrow.

2. Arrange urgent review of natalizumab treatment efficacy:

   - Suspend next natalizumab infusion (due in 1 week)
   - Discuss at next MS MDT regarding treatment escalation
   - Consider switching to ocrelizumab or alemtuzumab

3. Referrals:

   - Urgent referral to MS Specialist Nurse for symptom management
   - Neuro-urology referral for bladder assessment and management
   - Physiotherapy referral for mobility assessment and rehabilitation programme
   - Occupational therapy assessment for home and workplace modifications

4. Additional measures:

   - Increase baclofen to 20mg TDS for spasticity
   - Provided FP92 for 4 weeks of certified sickness absence
   - Discussed blue badge application and provided supporting documentation

5. Follow-up:

   - MS Nurse telephone review in 1 week
   - Return to MS clinic in 4 weeks
   - Repeat MRI in 3 months to assess treatment response

Ms. Williams fully understands the assessment and management plan. She has been provided with contact details for our MS Nurse Specialists in case of any concerns before her scheduled reviews.

Thank you for your ongoing care of this patient. Please do not hesitate to contact me if you require any further information.

Yours sincerely,

Dr. Amira Patel
Consultant Neurologist
GMC No: 6543210

Cc: - Ms. Williams - MS Specialist Nurses - Neuro-physiotherapy Department - Neuro-urology Service

Dictated by: Dr. Amira Patel
Typed by: JB
Date: 24/02/2025

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