

Outpatient Clinic Letter (Patient Copy)

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360 D/00019

27-FEB-2023

Specialty: Rheumatology

Please find a copy of your clinic letter.

Diagnoses:

Benign joint hypermobility (hypermobile Ehlers-Danlos syndrome)
Family history of joint hypermobility
Asthma
Schizoaffective disorder
Gender transition surgery with recent bilateral mastectomy February 2023
Chronic migraines
Cold urticaria
Previous vitamin D deficiency
Period of poor growth as a child ?cause
Vocal cord dysfunction

Medications:

Fexofenadine 180 mg OD
Salbutamol inhaler
Symbicort inhaler
Montelukast 10 mg once daily
Topiramate 50 mg AM, 25 mg p.m. for migraines
Lamotrigine 50 mg BD (for mood)
Aripiprazole 30 mg once daily (for mood)
Lymecycline
Testogel 16.25 mg topically twice daily

Thank you for referring [redacted] to the rheumatology clinic. He remembers having 'weak joints' from the age of 8 years. From 13 years, he started to have joint pains. He saw a rheumatologist and juvenile idiopathic arthritis was excluded but the pains did not go away. At the age of 15 years, he was noted to hold a pen badly and sit in a funny position. He was reassessed and was told he had mildly hypermobile joints. At the age of 16, he experienced carpal tunnel symptoms for 1 year. Nerve conduction studies were not done at this time. He was also noted to have ganglion cysts around the wrist at this age.

All his joints can be painful including his back. The discomfort affects different joints at different times and the symptoms come and go. He only experiences joint swelling in the cold and this can be associated with his cold urticaria (treated by Fexofenadine). Repetitive actions can make his joint symptoms worse such as writing, typing or walking. All joints click and he does obtain temporary relief from clicking. He feels like his hips can come out of the sockets. He finds his skin breaks easily but does not bruise easily. The skin on his chest is very smooth. He does feel dizzy when standing or stretching. He is due to have a heart monitor test on Thursday. He has previously dislocated 2 toes but no other joints. He can have intermittent blurred vision. He has experienced chronic headaches for some years. He has variable bowel symptoms including constipation varying with urgency and loose motions but has not been told formally that he has irritable bowel syndrome. He had problems with urgency of micturition only as a child. He tells me his sleep has always been bad and again this can be variable from between 0 and 7 hours of broken sleep. He has also been told he has vocal cord dysfunction.

