Dr Luke Coyle

Haematologist

Provider Number: 0457925J

COR08991A

21 January 2025

Our Ref: NS0198323

EMR

NORTHERN SPECIALIST CENTRE
Suite 9, Level 4, North Shore Private Hospital
Westbourne Street
ST LEONARDS NSW 2065
Telephone: 02 9463 1966
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Post Office Box 139
St Leonards NSW 1590

21 Jan 2025

Copy of letter to Dr David Lifson
Dear EMR,

Re: Mr Ian R GREEN, 78 years (27 Oct 1946) Last Consult: 21 Jan 2025
23 Cobar St, WILLOUGHBY NSW 2068

Problems:
- Chronic lymphocytic leukaemia (Mar 2016)
- Hypogammaglobulinaemia (21 Apr 2016)
- Fever of unknown origin (Jul 2016)
- Chronic lymphocytic leukaemia (26 Jun 2008)
- Chronic lymphocytic leukaemia
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- Septicaemia (2023)
- Acute endocarditis
- Cellulitis of lower limb (30 Mar 2016)
- Gout
- Cancer of prostate (2008)
- COVID-19 coronavirus infection

Medications:
- immunoglobulin, normal (human) (HIZENTRA VIAL) Solution for infusion 1 g/5 mL (vial) (9 g wkly SC)
- valaciclovir Tablets 500 mg (1 tablet daily PO)
- tranexamic acid Tablets 500 mg (2 tablets t.d.s. PO)
- amoxicillin (AMOXIL) Capsules 500 mg (1 capsule t.d.s. PO)
- allopurinol Tablets 300 mg (1 tablet mane PO)

I had the opportunity to review Ian today in relation to chronic lymphatic leukaemia and HHT

Current Medications: Amoxil 3 daily, tranexamic acid 4.5 g daily in 3 divided doses, Zyloprim, calcium, vitamin D, Betaloc, Valaciclovir , examination did not reveal any signs to suggest relapse CLL and his chest was clear to oral Fe one daily, SCIG,

Results:
(21/01/2025) Hb 127 g/L, WCC 5.2 x10^9/L, neutrophils 3.7 x10^9/L, lymphocytes 0.6 x10^9/L, platelets 124 x 10^9/L.
(21/01/2025) sodium 142 mmol/L, potassium 4.3 mmol/L, bicarbonate 23 mmol/L, urea 8.6 mmol/L, creatinine 92 umol/L, eGFR 68 ml/min, uric acid 0.29 mmol/L (0.20 - 0.42).
(21/01/2025) Bilirubin 9 umols/L, GGT 20 U/L, ALP 84 U/L, ALT 18 U/L, AST 25 U/L, Albumin 41 g/L, Protein 62 g/L, Glucose 5.5 mmol/L, CRP 6.0 mg/L.
(21/01/2025) LDH 203 U/L.
(21/01/2025) IgG 8.7 g/L (7.0 - 16.0)

(21/01/2025) IgA 0.6 g/L(0.70 - 4.0)
(21/01/2025) IgM 0.1 g/L (0.40 - 2.3)
(21/01/2025) CRP 6.0 mg/L (< 5)

History & Examination:
He feels generally rundown and feels like things are falling apart somewhat he reminded me about his hip surgery and the DVT that followed this with the precarious use of very low-dose anticoagulation.
Is recently had some diarrhoea.
He has recently had the BCC removed from his distal right lower limb which is somewhat swollen and exceedingly slow to heal.
Examination did not reveal any evidence of recurrent CLL and his chest was clear

Discussion:
His nosebleeds appear to have settled. I suspect that this is random in its relationship to medication and he does wonder whether the increased dose of tranexamic acid (1.5 g TDS) are has helped. I think he has bleeding which was associated with commencing tamoxifen is just bad like rather than causative. I remain reticent to prescribe Thalidomide given his thrombosis all Avastin given his very poor healing and the potential need for this. Nonetheless there is no contraindication to the concomitant prescription of these drugs with tranexamic acid.

Plan & further investigation:
The best that plan of sticking to his current medications is the best policy as I think his general situation would be very easy to destabilise in a fairly catastrophic fashion should he have a significant thrombosis and require anticoagulation
He did ask whether the vascular surgeons would need anticoagulation and this is often the case but he should discuss this with them as 1 would have to say that it is almost absolutely contraindicated in that circumstance.
His ferritin is low at 81 and I have asked him to either take more oral iron or have an iron infusion and he would prefer the former pressed

Follow-up: 3 months all

NOTE - If this letter has been sent to you by fax or post you would prefer to receive it via Argus, please email your Argus address to nslhd-rnshaem@health.nsw.gov.au and we will try to get this working – LC

Yours sincerely,

Dr Luke Coyle

CC: Dr Vik Puttaswamy (Vascular surgeon), ST LEONARDS 2065; DTU treatment referral, ST LEONARDS 2065; EMR

manage these at home.

On examination his chest was clear. He had no significant lymphadenopathy or hepatosplenomegaly.

He is still waiting to hear about vascular surgery in the possibility of possible vascular surgery remains a contraindication to the use of the VEGF inhibitor.

Recommendations;
Commence Augmentin and azithromycin
NPA for viral PCR and sputum culture
Chest x-ray
Continue tranexamic acid
Iron infusion given ferritin is low at around 50
Come to emergency if unwell

(13/05/2025) Hb 122 g/L, WCC 5.0 x10^9/L, neutrophils 3.4 x10^9/L, lymphocytes 0.6 x10^9/L, platelets 114 x 10^9/L.
(13/05/2025) sodium 142 mmol/L, potassium 5.2 mmol/L, bicarbonate 26 mmol/L, urea 8.0 mmol/L, creatinine 106 umol/L, eGFR 57 ml/min, uric acid 0.29 mmol/L (0.20 - 0.42).
(13/05/2025) Bilirubin 11 umols/L, GGT 22 U/L, ALP 79 U/L, ALT 16 U/L, AST 26 U/L, Albumin 41 g/L, Protein 62 g/L, Glucose 5.3 mmol/L, CRP 16.0 mg/L.
(13/05/2025) LDH 208 U/L.
(13/05/2025) IgG 8.0 g/L (7.0 - 16.0)
(13/05/2025) IgA 0.5 g/L(0.70 - 4.0)
(13/05/2025) IgM 0.1 g/L (0.40 - 2.3)
(13/05/2025) CRP 16.0 mg/L (< 5)
(13/05/2025) ferritin 58 (30 - 400) mcg/L

NB1: This letter is produced by voice dictation–please excuse any errors which hopefully are minor and feel free to contact me should there be significant miscommunication.

NB2: If you do not wish to receive this patients blood results directly as cc please let me know so I can remove your practice as a curtesy copy recipient. Apologies if you have been "flooded" with results unnecessarily.

NB3: If this letter has been sent to you by fax or post you would prefer to receive it via HealthLink, please email your HealthLink address to nslhd-rnshaem@health.nsw.gov.au and we will try to get this working – LCI had the opportunity to review Ian today in relation to

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Yours sincerely,

Dr Luke Coyle

CC: Dr Stephen VERNON (Cardiologist), ST LEONARDS 2065; Dr Vik Puttaswamy (Vascular surgeon), ST LEONARDS 2065; DTU treatment referral, ST LEONARDS 2065; EMR

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I saw him on 14th May he was not particularly well. He complained of increasing breathlessness over the last few months which is being investigated by Dr Vernon and Dr Hanson. He recently, of last few days, has developed an upper respiratory tract infection with cough and some rhinorrhoea. He is RSV influenza and COVID-negative by RAT . He produces a tablespoon of cream-coloured sputum without blood. He had no fever or sweats. He develops sinus congestion discomfort.

He is struggling with exercise because of hip pain after his hip replacement following a fracture last year (July 2024).

His current medications include tranexamic acid 1.5 g TDS, coloxyl 500 mg tds (given his past endocarditis), Biocor 2.5 mg BD, Zyloprim 300 mg daily, magnesium, vitamin D, folic acid and calcium.

He has had 2 episodes of significant epistaxis (500 mL and 1000 mL) since November last year and he has