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Dr. G. Sher
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Dear Graham:

RE: MR. C [REDACTED] F [REDACTED]

It was a pleasure to see this 24-year-old young man with previous heart failure back in 1987 with impaired left ventricular function from iron overload. Since his start on L1, he has had a dramatic reversal of his situation. Unfortunately he did not tolerate interferon therapy in 1994, and he is now resuming on L1.

From a study point of view, he has graduated from courses of human biology this summer. He is contemplating a graduate program in invitro fertilization in the anatomy department. He is able to keep up with the demands of the academic study without any problems.

Currently he is still receiving transfusions at 700 cc's every three weeks maintaining a hemoglobin over 100. If he uses a lower dose, he would feel quite fatigued. In terms of chelation, he is continuing on L1 on the doses of 3-4-4 pills per day. He does have the side effect of bilateral knee effusion that requires occasional taps. He can walk adequately, but cannot run comfortably. This appears to be a necessary side effect for him to benefit from the L1.

Cardiac function inquiry is essentially negative. He can walk two kilometers on the level, and more than 7 flights of stairs.

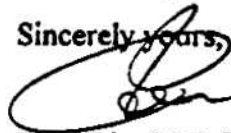
His current medications included Insulin 15 units q.a.m. and 18 units q.p.m., Penicillin 300 mg. b.i.d., and a medication called Rochotrol at 375 mg. b.i.d.

Physical examination revealed a well-looking young man with a resting blood pressure of 100/60 mmHg. The JVP was at the sternal angle with no inspiratory rise. On auscultation the heart sounds were normal with occasional S3 and a Grade II/VI systolic ejection murmur in the outflow tract. The liver edge was palpable, but not tender. There was a splenectomy scar. The chest was clear and there was no peripheral edema.

C [REDACTED] has done very well over the past few years, ever since the L1 was started. His resting ejection fraction in September of 1995 has now increased to 68%, and up to 71% with exercise. The left ventricle was normal sized with normal contractility. The diastolic function parameters were only very minimally abnormal.

Therefore, C [REDACTED] has done an amazing turn around with completely normal ventricular function. This can be credited to the chelation effectiveness from the L1. I have asked him to continue with his medication, and allow us to monitor his iron levels as well with MR. He should nevertheless keep active. We will be delighted to see him again in one year's time.

Sincerely yours,



Peter Liu, M.D.FRCP(C)

PL/eb