

Dermatology

Dr Parker
Ashgrove Group Practice
Blackburn Partnership Centre
Ashgrove
Blackburn
EH47 7LL

Date: 25/07/2023

Outpatient Clinic Letter

Patient	Helen McCormack 121 Rowan Street Blackburn Bathgate EH47 7ED	CHI Date of Birth / Age UHPI	0104551062 01/04/1955 (68 years) 800130598V
Attendance Date	19/07/2023		
Consultant	Dr Girish Gupta		

Dear Dr Parker

Diagnosis: Seborrhoeic Keratoses
Management: Nil
Review: Nil

Thank you for referring this lady who gave a 12-year history of a lesion on her mid back which has remained relatively unchanged. She has not had skin cancer previously.

On examination this was a seborrhoeic keratosis and she had similar lesions on her upper back and left forearm. I have reassured her and discharged her from clinic.

Kind regards,

Yours sincerely

Dr Girish Gupta
Consultant Dermatologist

Date Dictated: 19/07/23
Date Typed: 20/07/23

GG/SAR

Rheumatology

Dr Parker
Ashgrove Group Practice
Blackburn Partnership Centre
Ashgrove
Blackburn
EH47 7LL

Date: 20/12/2024

Outpatient Clinic Letter

Patient	Helen McCormack 121 Rowan Street Blackburn Bathgate EH47 7ED	CHI Date of Birth / Age UHPI	0104551062 01/04/1955 (69 years) 800130598V
Attendance Date	17/12/2024		
Consultant	Dr Barbara Hauser		

Dear Dr Parker

- 1. Osteoporosis
- 2. Vertebral fractures at L3, L4 (XR spine June 2024)
- 3. Low weight, chronic poor appetite

BMI 17.3 (41.3 kg)
BP 121/72
Alcohol intake: nil
Smoker: 40 cpd

Action for primary care

- 1. Please start alendronic acid 70 mg once-weekly
- 2. Please start vitamin D / calcium supplement
- 3. Consider re-referral to community dietetics

It was a pleasure to meet Mrs McCormack at the osteoporosis clinic recently. Unfortunately she fell onto her back earlier this year, and was subsequently found to have two vertebral fractures and more recently diagnosed via DEXA with osteoporosis. T-score at the spine was -4.3, and -3.7 at the hip. She has had poor appetite and low weight for a number of years, is a heavy smoker and currently takes opiates to control her back pain.

We discussed treatment options for her osteoporosis. She reported having angina (which I do not see as an existing diagnosis in previous correspondence), but she is a heavy smoker and therefore Romozosumab (which carries a slightly increased risk of CV events) is probably best avoided. We also discussed teriparatide, but she felt that she could not cope with the daily injections involved. That leaves alendronate, which is happy to start. And I would be grateful if you could offer her a prescription alongside a combined vitamin D and calcium supplement.

Given that her osteoporosis is likely to be linked to her low weight, if re-referral to community dietetics is felt helpful then I would recommend it.

I have requested a further DEXA scan, and clinic follow-up for 3 years from now.

Yours sincerely

Dr Jonathan Malo
Consultant Chemical Pathologist
Osteoporosis Clinic
Rheumatology, Western General Hospital

CC: Mrs Helen McCormack