

GERARD HELLMAN, M.D.
HEMATOLOGY INTERNAL MEDICINE



August 28, 2015

To:

Elliott Howard, M.D.
Richard Kutnick, M.D.

Dr. Kutnick

This letter is written pursuant to our conversations over the past few days – I hope it will document some of my thoughts, although further data are awaited.

Mr. John Brockman was evaluated in my office on August 25, 2015, after Dr. Howard noted him to have evidence for polycythemia. The high red cell parameters were found on a CBC done earlier this month, and represented a departure from earlier levels. Indeed, a Hb of 15.6 was documented on Nov. 7, 2013, had risen to 16.8 on Jan 13, 2015, and had risen further to 17.9 on August 8th, 2015. Leukocyte and platelet counts have been in the normal range. Examination of a peripheral blood film did reveal significant numbers of megathrombocytes, some of which were hypogranulated, as well as occasional atypical lymphoid cells.

These findings prompted measurement of erythropoietin, which was elevated at 30.4 (normal range 2.6-18.5). Therefore, it is hard to reconcile the particulars with any one cause of polycythemia. As there is a strong history suggesting sleep-apnea, this diagnosis has to be strongly considered, and a search made for other causes of hypoxemia. His development of rapid AF and cardiomegaly mandates further attention to his cardiac status. One always has to consider other causes of high EPO (tumors, endocrine pathology, etc.), although they seem less likely at this time. A preliminary reading of the just completed PET/CT does mention renal cysts, and these have been associated with polycythemia, but the amount of cystic change found may be too minimal – I am researching this possibility. High EPO levels are usually not seen with myeloproliferative disease, but the large platelets make such pathology plausible (markers are awaited). An unexpected finding has been significant panhypogammaglobulinemia (and the atypical lymphs). I told Mr. Brockman that this deserves further consideration, and he will be returning to my office. I cautioned him not to receive Zostavax in the interim.

I look forward to discussing further with you after the final test results are received.

Sincerely yours,


Gerard Hellman, M.D.