Evidence 4

GP Referral Letter to Lord Winston

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JSS/LCH

23rd October 1990

Professor Winston
St Mary's Hospital

Dear Professor Winston

Re: Philippa Langton - d.o.b. 25.3.51.
31 Sussex Way, London N7

Ms Langton was originally referred to the Royal Northern Hospital Parenthood Clinic in 1986. At that time she had been trying to conceive since 1982. She had been on the oral contraceptive pill for six years between 1976 and 1982.

Following her initial visits prolactin was 420mU/L, progesterone 55nmol/L both satisfactory. Cervical smear and HVS were negative. Semen analysis showed a count of 56 million/ml with a motility of 60%. Her post-coital test showed no motile sperms. In November 1986 she had laparoscopy andddye testing and it was reported as showing 'filmy adhesions between the left tube and ovary to the pelvic wall and thicker adhesions between the sigmoid and the left tube which were partially divided. The right adnexal structures were essentially healthy and a corpus luteum was found on the right ovary. There was sluggish feeling with distension and slow spillage of dye through both tubes. No resistance was felt during injection of the dye into the uterine cavity.'

A hysterosalpingogram was performed in December 1986 showing a rather small 'T'-shaped uterine cavity with a patent right tube and probably patent left tube. There was some delay in spill on the latter side. She was then started on Clomid, initially 50mgs daily from the 5th-9th day increased to 100mgs daily after a couple of cycles. Repeat post-coital test in March 1987 showed adequate quantity mucus containing no visible sperm. This test was repeated in May 1987 and again no sperm were found. She was given Premarin to take on the 8th, 10th and 12th day of the next cycle. Her mucus still remained very unsatisfactory.

In November 1987 she was seen for consideration of invitro fertilisation. This programme was started and she was treated with Tamoxifen 40mgs daily days 2-6 of the cycle, Pergonal commencing on day 5 of the cycle with three ampoules daily for two days then two ampoules daily, also Cyclogest and Prednisolone.

She became pregnant in June 1988 shown by a rising Beta HCG titre. However at scan no fetal heart was seen and she had an ERPC in July '88. In December 1988 she became pregnant again by Beta HCG but had a further missed abortion when no fetal heart was seen on ultrasound. She had a further ERPC.

2088

In July 1989 the eggs did not fertilise and a large number of WBCs were found in the semen count. Her husband was put on antibiotics and the regime was slightly changed involving Buserelin nasal spray from day 1 of the cycle. She then became pregnant at her seventh attempt at IVF. Beta HCG tests were positive.

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Unfortunately when scanned at 9 weeks she had a further missed abortion and she had a further ERPC. Products were sent for chromosomal studies. The chromosome analysis was normal.

Ms Langton has been asked to be referred tooyou for further review of her case and I would be most grateful for your opinion. Thank you for seeing her.

Yours sincerely

Dr J M Sharpey-Schafer