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18 December 2017
File: 72960

Dr Peter Ward
Pymble Medical and Dental
951 - 957 Pacific Highway
PYMBLE NSW 2073
Fax: 90164865

Dear Peter

RE: Ms Khanh Huynh DOB: 15/12/1972
15 Richmond Avenue ST IVES NSW 2075

Khanh attended today for upper and lower endoscopy.

Gastroscopy revealed a normal oesophagus with no macroscopic oesophagitis or Barrett's mucosa. The stomach and duodenum appeared normal to the second part. Biopsies were also taken from the small bowel and stomach for disaccharidase estimation and general histology.

Colonoscopy was performed to the caecal pole and terminal ileum. Bowel preparation was good. Retroflexion was performed in the ascending colon and rectum. Good views were obtained. The visualised colonic and ileal mucosa appeared normal throughout and the examination was within normal limits. Random ileal and colonic biopsies were taken.

In summary, Khanh has had a fairly unremarkable endoscopic assessment today. I will review her in the near future to discuss her biopsy results and further management. I will keep you informed of her progress and thank you again for involving me in her care.

With kind regards

Electronically Approved by:
Dr John Darke

ABN: 12110594969 Provider No. 2342615K

8 December 2017
File: 72960

Dr Peter Ward
Pymble Medical and Dental
951 - 957 Pacific Highway
PYMBLE NSW 2073
Fax: 90164865

Dear Peter

RE: Ms Khanh Huynh DOB: 15/12/1972
15 Richmond Avenue ST IVES NSW 2075

Thank you very much for referring Khanh for further assessment.

Khanh reports a fairly long history of various gastrointestinal symptoms consisting of post-prandial bloating, diarrhoea, nausea and crampy abdominal discomfort. Symptom onset seems to have coincided with moving from Melbourne to Sydney several years ago. These symptoms are often associated with a flushing feeling, redness and hives. Khanh has not been able to appreciate any reliable dietary triggers. Khanh will occasionally experience a nocturnal component, although there has been no overt gastrointestinal bleeding and her weight is stable.

From the pathology you have kindly forwarded, I note that Khanh does have an elevated serum IgE. She has a background of atopy with hay fever. There is also a strong family history of asthma and eczema. Khanh has undergone immunology review with Professor van Nunen. She was recommended to commence a low FODMAP diet, which she has not yet tried in earnest. She also underwent H. pylori treatment and follow-up breath test confirmed eradication. There is a family history of bowel cancer involving Khanh's father at the age of 70. There is no known family history of coeliac disease or inflammatory bowel disease.

Khanh is originally from Vietnam. She currently works as a migration agent and she has two children, aged 11 and 8.

On examination today, Khanh's abdomen was soft and non-tender with no palpable masses or organomegaly.

From the other pathology you have kindly forwarded, I note there is strong reactivity to grass pollen. Liver function test, iron studies, amylase, lipase, CRP, TSH, full blood count, coeliac serology are normal. Stool analysis was negative for culture and faecal antigens including C. diff PCR.

In summary, Khanh reports non-specific gastrointestinal symptoms with associated features suspicious for underlying food allergy. I feel that Khanh does require further assessment. In the first instance, I have suggested we proceed with upper and lower endoscopy including disaccharidase estimation and small bowel biopsy, chiefly to exclude evidence of

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Carcinoid Tumors release toxins to bloodstream
- Purple Spider veins
- Flushing, Diarrhea
- Breathing Probs/Asthma like symptoms
- Rapid Heartbeat

inflammatory bowel disease or eosinophilic gastroenteritis/colitis. We may also have to consider screening for carcinoid syndrome. If this assessment is negative, Khanh may benefit from review at the RPAH Food Allergy Unit. I will keep you informed with Khanh's progress and thank you again for involving me in her care.

With kind regards

Electronically Approved by:
Dr John Darke

CLINICAL ASSOCIATE PROFESSOR SHERYL A. VAN NUNEN
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KHANH HUYNH 20/3/17

PROBLEMS

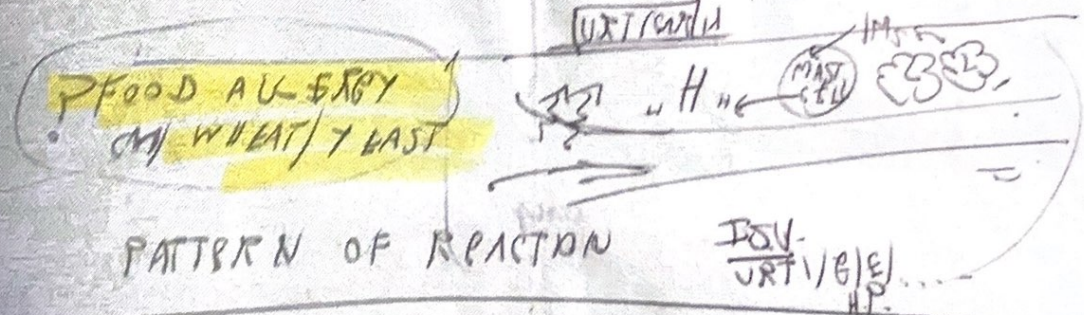
~ Recurrent urticaria and dermatographia
~ H. pylori ~ GIT SYMPTOMS ? FODMAPS ?
~ Seasonal allergic rhinitis

Dr Therese Pham
Kyabb Medical

PLAN ① Recurrent urticaria and dermatographism

If it recurs
a) immediate antihistamine
and a course of oral corticosteroids early may help limit the extent of the bout of urticaria

b)



② H pylori : you probably need a course of antibiotics to eradicate the H pylori. (this would be discussed with your new GP)

③ Seasonal allergic rhinitis due to grass pollen allergy → A) Antihistamine daily
B) Intranasal corticosteroid = NASONEX or equivalent
If not well controlled then C) → Sublingual immunotherapy