

Professor Denis Wakefield AO
DSc (UNSW), M.D. (UNSW), M.B. B.S. (Hons. I), F.R.A.C.P., F.R.C.P.A., F.F.Sc
Professor of Medicine
D Wakefield Pty. Ltd.
ABN: 15 064 402 053

Suite 1004, Level 10 St Vincent's Clinic
438 Victoria Street
Darlinghurst NSW 2010
Provider No: 0447658W

Ph: (02) 8382 6062 Fax: (02) 8382 6063

Dr Peta Harrison,
Millthorpe Medical Practice,
44 Victoria Street,
MILLTHORPE NSW 2798

Dear Dr Harrison,

RE: Timothy BRENNAN DOB: 18/01/1955

Thank you for referring Tim for review. Unfortunately, he has had rather a torrid time since I last reviewed him. He had a Covid Pfizer vaccination and 10 days following this developed chest pain and was diagnosed with having a myocarditis associated with significantly increased troponin levels and a N-STEMI. Complicating this he developed a DVT and pulmonary embolus and had a period of ventricular tachycardia. He was admitted to the Northern Beaches hospital for management. Since discharge from hospital he has continued to feel unwell with chronic fatigue and severe dyspnoea which has been a considerable concern. He has continued to have CPAP treatment for his obstructive sleep apnoea but the fatigue and dyspnoea are much worse than he had previously experienced. He also has trouble with recurrent pain and cramps in his left leg the site of his recent DVT. Complicating this he feels that his seronegative arthritis has also been worse since his hospitalisation.

Clinically I suspect that the cardiac complications and DVT and PE are secondary to his COVID vaccination and he now has features of a long COVID syndrome, which has also been reported in patients following Pfizer Covid vaccination. Since discharged his medication has been changed considerably.

On examination his blood pressure was 136/86 and pulse rate 82 and regular. He had bilateral ankle oedema. His heart sounds were dual and his chest was clear. He had no evidence of active peripheral synovitis.

Tim has been having physical therapy and undergoing rehabilitation to help him cope with his post Covid vaccination illness. I have suggested that he continue to see his exercise physiologist for rehabilitation and would benefit from following the protocol used by the University of NSW Fatigue Clinic. He would also benefit from having access to equipment, including a rowing machine, to help with his rehabilitation programme.

I have continued him on Humira for control of his uveitis and arthritis and plan to review him again in three months time.

Kind regards,

Yours sincerely,


PROFESSOR DENIS WAKEFIELD AO
DSc MD MBBS FRACP FRCPA FFS

Professor Peter McCluskey,
Suite 1004, L10 St Vincents Hospital
DARLINGHURST NSW 2010

Timothy Brennan,
89 Forest Reef Road,
MILLTHORPE NSW 2798

Date: 5th December 2023

Active Problems:

Post Covid vaccination fatigue
HLA-B27 associated ankylosing spondylitis
Recurrent anterior uveitis

Past History:

First-degree heart block
Recurrent attacks of Gout
Severe sleep apnoea syndrome → CPAP
Nasal surgery
Exostosis with decreased hearing
Hypertension
Hypercholesterolaemia
July 2017 Lt sided V1 shingles
Pulmonary embolus
CAD → stent

Medications:

Name	Dose	Frequency
Allopurinol	100mg	daily
Apixaban	5mg	bd
Colchicine	50mg	daily
Ezetast	10/40 mgm	mocte
Humira	40mg/sc	2/52
Metoprolol	50mg 1/4 tab	twice daily
Telmisartin	80mg	daily

Allergies:

NKA

Investigations:

HLA-B27 positive
Raised uric acid level
Hypercholesterolemia

Family History:

Mother and father had heart disease
Cousin had ankylosing spondylitis
Son -27- ankylosing spondylitis

Social Factors:

Non-smoker
Non-drinker