

In case of reply the number  
And the date of this  
Letter should be quoted

My Ref No.....  
Your Ref No.....



KORLE BU TEACHING HOSP  
P. O. BOX 77  
KORLE BU, ACCRA

Tel: 233-21- 673033-6  
Fax: 233-21- 667759  
Email: korlebu@ghana.com  
Web Site: www.korlebu.com

DEPARTMENT OF CHILD HEALTH

6<sup>th</sup> May, 2024

## MEDICAL SUMMARY

**NAME: CALEB DZIDO**

**AGE: 15 YEARS**

**SEX: MALE**

**DIAGNOSIS: SICKLE CELL DISEASE WITH MULTIPLE CEREBROVASCULAR ACCIDENTS**

Caleb is known to the paediatric sickle cell clinic at Korle Bu Teaching Hospital where he is managed for sickle cell disease (Hb SS), complicated by at least five documented episodes of stroke. He was previously on chronic transfusions and is now on oral hydroxyurea for secondary stroke prevention. Additionally, Caleb has had surgery (open reduction and degra osteomy of the right femur) in June 2023 for a right hip dislocation.

As a result of his strokes, Caleb has severe spasticity of all limbs. Upon consultation with the neurologist, he has been prescribed Dysport® (abobotulinum toxin A) injections for symptomatic relief of the spasticity.

The family requires assistance to purchase the medication.

If you have any questions or concerns, you may contact the Unit at [poukbth@gmail.com](mailto:poukbth@gmail.com).

Thank you.

Dr. Catherine Segbefia  
Paediatric Haematologist/Oncologist

**KORLE-BU TEACHING HOSPITAL  
DEPT. OF CHILD HEALTH  
P. O. BOX 77, KORLE-BU**