ABSTRACT BOOK

4TH International Congress on
DERMATOLOGICAL CARE FOR ALL:
Awareness and ResponsAbility
ISD Regional Meeting

Addis Ababa-Mekelle
(ETHIOPIA)
November 9–12
2010

Opening Session:
November 9
in Addis Ababa
Subsequent Sessions:
November 10–12
in Mekelle
4TH International Congress on
DERMATOLOGICAL CARE FOR ALL:
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Awareness and ResponsAbility

Dear Colleagues and Friends

while 2015 - the date established for the attainment of the MDGs - is getting near, we feel the urgency of facing with determination Goal 6: Combat HIV/AIDS, malaria and other diseases, the issues falling within our professional tasks and expertise. I would like to invite not only dermatologists but all health professionals interested in tackling in-depth strategies for increasing the availability and affordability of health care in developing countries and where poverty diseases are more neglected. This includes promoting and supporting research, strengthening primary health systems, improving collaboration with the local communities and health workers in shared action plans.

In such a Global Health framework, between 7-12 November, we will play our annual Congress on "Dermatological Care for All", this year addressed towards the goals of "Awareness and ResponsAbility". The first day of the Congress, in Addis Ababa, will be particularly centred in the first part of the Congress title, stressing the importance of becoming more and more aware of the determinants of health, the importance for each one of us of feeling responsible for the planet life and the importance of increasing our ability to produce suitable responses. In the following days the Congress will continue in Mekelle, where more specific clinical subjects will be dealt with. I am glad therefore that many of you, colleagues—dermatologists, infectious disease specialists, epidemiologists, sociologists, anthropologists, nurses, public health officers—decided to share our goals.

Social events will also be an important part of the meeting, a great chance to improve relationships among colleagues from all over the world, to share ideas and impressions in a friendly atmosphere, while discovering the hospitality, the history and the beauties of a particularly interesting Country.

I wish a fruitful work and successful Congress to all of you!

Aldo Morrone
NIHMP Director General
Contents


Medical anthropology and Global Health: Human rights in the context of a public health intervention on an unknown epidemic disease in NW Tigray (Ethiopia), by E. Bruni 8

The skin as an organ of display of emotions, by A. d’Angiò 9

Survey of perinatal deaths at Adigrat hospital, by M. Desta 10

Bio-safety precautions in Khartoum State Diagnostic Laboratories, Sudan, by A. Elduma 11

Podoconiosis: An example of a community based sustainable treatment programme in Soddo, Ethiopia, by C. Fuller 12

Vulval (genital) dermatoses for general dermatologist, by C. Fuller 13

A framework for Risk Evaluation, by H. Gebrehiwot Moges 14

Pathogenesis and clinical manifestation of Kaposi’s sarcoma, by C. Geilen 15

Factors associated with impact of women health in HIV caregiving and unfulfilled referral in urban Zambian community. A qualitative study, by F.D. Kaona 16

Emerging infectious diseases of the skin: Africa and beyond, by S. Klaus 17

Cryosurgery, by I. Lengstam 18

A survey on Schisostoma mansoni and Schistosoma hematobium in children from the south region of Madagascar, by L. Mannocci, T. Rakotomavoarisona, L. Gabiati, V. Bargelli, M. Coluzzi, R. Romano 19

Why is water good for skin?, by P.J. Matts 20

Tropical skin diseases or disorders affecting neglected people? Analysis of medical records at the Italian Dermatological Centre (IDC), Mekelle 2005-2010, by A. Morrone, F. Dassoni, P. Vignally, F. Vietti, O. Latini 21

Connective tissue diseases in dark skin people: our experience in Ethiopia, by A. Morrone, E. Maiani, F. Dassoni, R. Calcaterra, R. Fazio, M.C. Valenzano, G. Franco, AbB. Gebre 22

Cutaneous ulcers in developing countries: the experience of the Italian Dermatological Center (IDC) in Mekelle, Ethiopia, by A. Morrone, E. Maiani, F. Dassoni, AbB. Gebre 23


Leishmaniasis cases, by A. Morrone, F. Dassoni 28

Leprosy in Northern Ethiopia, by A. Morrone, F. Dassoni, E. Maiani, L. Marrone, V. Padovese, C. Pajno, AbB. Gebre 29


Preventive medicine of migrations: Low cost and highly efficient diagnostic models, by A. Morrone, L. Nosotti, R. Marrone, I. Uccella, C. Pajno, L. Pecoraro, T. D’Arca 31

Dark and light skin, by B. Naafs 32

Leprosy: A forgotten disease, by B. Naafs 33

A case of patient with primary and secondary syphilis, by S. Nigusse Doni, M. Hunegnaw, G. Robel 34

Scabies: Taking ResponsAbility for this Neglected Tropical Disease, by L. Romani 35

Washing for skin disease, wound, burns and lymphoedema care. The reality of water shortage and its solution, by T.J. Ryan 36

A colour atlas of diseases of the vulva and perigenital area, by S. Veraldi, C. Francia, V. La Vela, M.C. Persico 37

Immune reconstitution inflammatory syndrome—IRIS. Starting antivirals, and what can happen to the skin. A practical approach, by M. Whitfeld 38

Assessment of ten years experience of Directly Observed Treatment short-course (DOTs) therapy for tuberculosis, by D. Woldeyohannes 39

Snakebite: a neglected tropical problem, by V. Yates 40
Prevalence and risk factors of wheeze and eczema in one year old children: the Butajira Birth Cohort, Ethiopia

Yeshambel Belyhun1, Alemayehu Amberbir2, 3, Girmay Medhin1, Berhanu Erko1, Charlotte Hanlon4, Andrea Venn3, John Britton3, Gail Davey2

1. Aklilu Lemma Institute of Pathobiology, Addis Ababa University, Addis Ababa, Ethiopia, and Department of Microbiology, Immunology, and Parasitology, College of Medicine and Health Sciences, University of Gondar; 2. School of Public Health, Addis Ababa University, Addis Ababa, Ethiopia; 3. Division of Epidemiology & Public Health, University of Nottingham, Nottingham, UK; 4. King’s College London (Institute of Psychiatry), London, UK

Background: The rising global prevalence of asthma and other allergic conditions has been linked to potential etiological factors influencing the developing immune system.

Objective: To investigate the prevalence and associated risk factors for wheeze and eczema in one-year-old children in a birth cohort from Butajira, Ethiopia.

Methods: In 2005/6 a population-based cohort of 1065 pregnant women was established. At one year of age, data on wheeze and eczema in the children were collected from the mother via an interview-administered questionnaire, along with numerous demographic and lifestyle factors. A stool sample was also obtained from the child for geohelminth analysis.

Results: The prevalence of wheeze was 11.5% and eczema 8.6%. Independent predictors of wheeze were maternal allergic history (Adjusted OR=3.00, 95% CI 1.23 to 7.36), paternal allergic history (AOR=2.59, 95% CI 1.08 to 6.25), increasing household size (p for trend =0.023; AOR=3.54, 95% CI 1.31 to 9.56 for 7+ vs. 1-3 people) and paracetamol use by the child (overall p<0.001; AOR 11.04, 95% CI 4.30 to 28.31 for 4+ tablets in past month vs. never). Factors independently associated with eczema were maternal allergic history (AOR=3.68, 95% CI 1.54 to 8.77), household size (overall p=0.035; AOR =0.45, 95% CI 0.23 to 0.87 for 4-6 people relative to 1-3) and place of sleeping (overall p<0.001; AOR =0.29, 95% CI 0.10 to 0.82 for floor vs. bed/platform).

Conclusion: These findings support the hypothesis that eczema in early life in these children is a manifestation of allergy, while wheezing is probably due to infection as well as allergy.

References:
Medical anthropology and Global Health: Human rights in the context of a public health intervention on an unknown epidemic disease in NW Tigray (Ethiopia)

Emanuele Bruni
PhD Candidate, Sapienza University of Rome, Italy

The importance of human rights in the context of Public Health interventions is crucial. Nevertheless, in many cases it emerges how nowadays, especially in developing countries, most of the activities of national and international institutions are aimed at the preservation of biological life, "naked life" (Agamben 1996), without considering the holistic conception of life that concerns also the social and personal sphere of individuals and societies affected by some particular epidemic diseases. Maybe, this can be at the origin of many cases of lack of participation and ownership by the affected population and of the lack of trust in the health professionals and researchers. As a consequence, this can influence the success of any kind of epidemiological and public health intervention whether oriented to the discovering of the root cause of a disease or to its eradication.

Based on a medical anthropological approach and on an ethnographical inquiry, this contribution will present some reflections emerged during three years of research in the context of Tigray (Ethiopia). The aim is to realize how adopting the "poor's perspective" (Farmer, 2003) would be a crucial point in the recovering of that social dimension of medicine, that nowadays seems forgotten by the medical authorities who operate in the epidemiological field (Trostle, 2005).

References:
The skin as an organ of display of emotions

ANTONIO D’ANGIÒ
Head of Laboratorio di Comunicazione interculturale, L’Orientale University, Naples, Italy

A vision that could be called "Western reductively" tells us that the cause of a skin disorder is always linked to an external agent whether viral, bacterial, mycotic, chemical or physical. This vision, in the psychoanalytic dimension of psychic development, is linked to a mental position defined such as schizo-paranoid position. According to this mental position—absolutely physiological in the early stages of child development—it is believed that the origin of any disorder is always linked with a cause outside the body.

However, the study of the most archaic stage of psychic development tells us that the exit strategy from this position provides an evolution to another mental position which is defined as depressive position, and under which it is believed that the origin of each event (including diseases) depends on a cause that is internal to the body inside the psychic world of the subject. These two positions remain unchanged their strength and their alternation throughout the lifetime of an individual, prevailing at times the one (in the most regressive of our lives), and at times the other in the most advanced of our experiences.

If we connect these considerations (related to the development of archaic psychic dimension) to what happens in terms of embryo development, we can not help but register the evidence that—in terms of embryonic development—the skin has the same origin of the Central Nervous System. In other words, the CNS and the skin system take origin from the package ectodermal embryonic, and we know that in the CNS are located not only processing centers of thought but also the agencies for the processing of emotions.

The hypothesis, therefore, on which we have worked is that the skin is in fact the organ of display of emotions from both the points of view psychoanalytic and neurophysiologic. This opens up broad therapeutic implications about skin disorders in psychosomatic and psychosocial terms and mental health’s determinants.
Survey of perinatal deaths at Adigrat hospital

MULEGETA DESTA
Adigrat Hospital, Tigray Region, Ethiopia

Background: Developing countries have huge perinatal mortality, indicating that the level of obstetric and neonatal care given in the community and/or hospital is poor.

Objectives: To review the perinatal mortality statistics and the causes of perinatal deaths, which will help to evaluate and improve the existing obstetric and neonatal services in the hospital and the community.

Methodology: A 3 year retrospective analysis of records of all deliveries from 2000-2002 E.C. conducted, to find the contributory factors for perinatal deaths and association with maternal age, parity, antenatal visits, gestational age, birth weight, antenatal and neonatal complications.

Results: There was a total number of deliveries 3628 and total number of births 3710 including 80 sets of twins and one triplet. Out of total births, 226 were still born and 27 were early neonatal deaths making 52.0 and 68.2 per 1000 births corrected and the gross PMR respectively. Mechanical cause was the most common causes of still births. Prematurity was most commonly associated with early neonatal death. The highest perinatal mortality rate was seen in maternal age group > 30 years, in primigravida & grand multipara, and premature deliveries which is 95.5, 73.5, and 101.4. 408.4 per 1000 births respectively. Perinatal death rate gradually decreases with increasing birth weight. The rate of low birth weight babies (<2.5 kg) was 11.6% (432 cases) among whom the PMR was as high as 266.2 per 1000 births. More than 90% of all early neonatal death was below 2.5 kg.

Conclusion: Mechanical cause is the most common cause of perinatal mortality. Perinatal outcome is poor in aged woman, primigravida & grand multipara, low birth weight and premature ones.

Recommendation: Regular and quality ANC, together with proper Intrapartum care may reduce the perinatal mortality.

References:
Bio-safety precautions in Khartoum State Diagnostic Laboratories, Sudan

ADEL ELDUMA
Central Public Health Laboratory, Khartoum, Sudan

Aim: This study was conducted to evaluate the biosafety precautions applied by diagnostic laboratories in Khartoum State.

Method: A total number of 190 laboratories were selected randomly, investigated, and data regarding biosafety precaution were collected.

Result: The study found that 151 of them belong to government, 75 belonged to private sectors and 51 belong to organization providing health care services. The study found that 39.5% of investigated laboratories (labs) attended training courses on biosafety, 16.8% of them appoint biosafety officers, 23.7% had SOPs, 14.7 % reported lab accident and 18.4% had written procedures for the clean-up of spills. Moreover, the study found that 58.9% of lab staff usually wear lab-coat, 61.6% wear gloves in all lab procedures. Only 3.2% of the investigated labs used international biohazard signs; self-closed doors were found in 13.7% of them. In addition to that, 17.9 labs had separated room for sampling, 12.6% labs had separated room for sample isolation, and 30% labs had specific room for patients. Biosafety cabinets were found in 5.8% labs, autoclaves in 14.7% labs, and incinerators in 1.1% of labs. In addition to that, sharp disposable containers found in 44.2% labs, clinical waster containers in 2.6%, and radioactive waste container in 2.1% labs. Also, the study found that fire alarm system was applied in 1.1%, fire extinguisher found in 20.5% labs, and fire emergency exit found in 7.4% of the total number of the labs.

Conclusion: The study concluded that the standards biosafety precautions adopted by the diagnostic laboratories in Khartoum State is very low. The laboratory personnel awareness towards biosafety principles implementation is very low, too.

Reference:
Lunn G., Lawler G. Laboratory safety. Curr Protoc Protein Sci 2002; Appendix 2: Appendix 2A.
Podoconiosis: An example of a community based sustainable treatment programme in Soddo, Ethiopia

CLAIRE FULLER
On behalf of Mossy Foot Treatment and Prevention Association, Soddo, Wolaita, Ethiopia

Podoconiosis, also known as Mossy Foot and non filarial elephantiasis, is a geo-chemical dermatosis which affects the genetically at risk population exposed to wet highland tropical soils. It has recently been recognised and classified as a Neglected Tropical Dermatoses by the WHO. Mossy Foot Treatment and Prevention Association (MFTPA) is an Ethiopian non governmental organisation that has established a sustainable community based system of care, rehabilitation and prevention of this condition.

This presentation seeks to update on the condition and describe the work and plans of MFTPA highlighting how effective a committed group of recovering patients can be transforming the lives of vulnerable sufferers with a simple treatment programme and practical rehabilitation scheme.

Reference:
Vulval (genital) dermatoses for general dermatologist

CLAIRE FULLER
Consultant Dermatologist, East Kent Hospitals University NHS Foundation Trust, UK

The majority of dermatoses can occur in the genital area, and having run a genital dermatoses clinic over the past 12 years I have learned there are a few tips to hand on. The aims of this talk is to be practical and provide some pointers as to how to approach the patients with genital skin disease.

How to approach genital dermatoses

History. Words used by patient very helpful. Pain: burning, soreness, "feels like a split in skin"; itching: "scratch so much it bleeds". Impact on sexual activity. Psychological impact is a given. What are they putting on it, and what self help tricks are they using?

Examination. Normal genital anatomy, even as students we do not spend a lot of time examining genitalia. What is normal? Identify the structures, consideration of normal anatomy. Some diseases distort anatomy others do not. Certain disease affect certain areas. Examine whole skin.

What about investigations? Good lighting, privacy for patient. Vulval biopsies are easy, clarify diagnosis (pathologist dependent). Patch testing.

Treatment considerations. Topical treatments. Greasier the better, 50/50 white soft paraffin liquid paraffin. Flexural skin increases potency of steroid. Secondary infections are common so may need antibiotics and antifungals. Increased risk of contact sensitization. Huge impact on quality of life

Itchy genital problems


Painful genital problems


Reference:
A framework for Risk Evaluation

HAIMANOT GEBREHIWOT MOGES
Gondar University, Ethiopia

Risk evaluation is the process where different risks are evaluated towards some criteria for acceptable risk. Usually, estimated levels of risks and societal principles are used for accepting a given risk. It is not common to have a single formulation of risk evaluation, as the concept of risk is interpreted in different ways. The presentation focuses on how to integrate concepts of risk to form a general framework of risk evaluation which can be used in decision making of a contemporary society. The framework is tested on two case studies, risks related to global warming and risks related to bio-energy production in Ethiopia.

References:
Aven, T., 2007. On the Ethical Justification for the Use of Risk Acceptance Criteria, Risk Analysis, Vol. 27, No. 2
Pathogenesis and clinical manifestation of Kaposi's sarcoma

CHRISTOPH GEILEN
Charite University Medical Center, Berlin, Germany

Kaposi's Sarcoma (KS) was described by Moritz Kaposi in 1872. Four particular variants of KS—classical, African, iatrogenic, and HIV-associated—have been distinguished. In Eastern Mediterranean the classical KS has a low incidence in the general population. It is typically located at the lower extremities, and shows a slow and benign course. The African or endemic KS occurs in different subvariants, with different clinical behavior and course. In heavy immunosuppressed patients the iatrogenic KS can occur depending on the degree of immunosuppression. The HIV-associated or epidemic KS is approximately 20-fold higher in homosexual men than in other HIV patients. For HIV-infected homosexual men, the risk to develop KS has been calculated 10–20,000 x higher than in the general population and 300 x higher than in other immunosuppressed groups.

In 1994 the presence of herpesvirus-like DNA fragments in KS lesions was described. The new virus was named "Kaposi's sarcoma-associated herpes virus", and later human herpes virus 8 (HHV-8). Genomic sequencing has revealed that HHV-8 DNA encodes several genes involved into cellular proliferation, differentiation, immune recognition, apoptosis and survival. However, it is clear that HHV-8 is necessary, but not sufficient, to cause KS and that other factors, such as immunosuppression, play a major role.

Therapeutical management of KS includes topical strategies, such as cryotherapy, laser therapy and x-ray radiation in localized disease. For disseminated KS, chemotherapeutics, antiangiogenic compounds, and immunomodulators have been described to be successful. In HIV-associated KS, highly active antiretroviral therapy (HAART) is effective. Antiviral drugs are not sufficient enough as a monotherapy.

New insights into the pathogenetical molecular mechanisms of KS will generate new therapeutical strategies targeting immune response, angiogenesis, parakrine factors, cell cycle regulation and apoptosis.

References:
Factors associated with impact of women health in HIV caregiving and unfulfilled referral in urban Zambian community. A qualitative study

FREDERICK D. KAONA
Mwengu Social and Health Research Centre, Directorate, Ndola, Zambia

Aims: The main aim of the study was to try and understand risks and benefits of home management of HIV by women in urban communities, Zambia

Methods: Participants consisted of 10 women caregivers whose adult children were 25 years and above old and had died in the community with AIDS-related conditions, 10 women caregivers of children 25 years and above, who were admitted in the hospital with AIDS-related conditions, survived and discharged from the hospital and went back home and 10 women caregivers whose adult children 25 years and above had HIV-related conditions and survived within the community 14 days prior to the commencement of the study. Questions were devoted to knowledge and attitudes about health seeking behaviour at household level. Knowledge about disease transmission, treatment and prevention, perceived risks of failure to take the child to health facility for early treatment and completion of referrals, were investigated. There were detailed questions regarding caregivers health and financial losses due to caregiving

Results: Of the 30 key informants who participated in the study, 10 informants were of caregivers of children died before seeing the medical specialist. Majority of children (67.8%) were between 25 and 34 years old. Over 87 and 90 percent respectively were living with biological parents at the time of death. Caretakers from the three groups feared of losing their children if admitted in the hospital (54.3% and 58.9%). Fear that their children would be exposed to other disease, lack of knowledge about the disease and referral, and lack of medicines in health facilities characterized demotivation for early access of quality care. Fees and transportation resulted in delay accessing health care outside the home and unfulfilled referrals. Women had perpetual stress, headache, and abdominal pains. Loss of business and fear for getting infected due to caregiving, was stressed in the study

Conclusion: Caretakers of HIV positive children should be educated about the benefits of referral compliance and timely enrolment in ARV programmes in communities. Behavior change interventions are strongly recommended.

References:
Emerging infectious diseases of the skin: Africa and beyond

SIDNEY KLAUS
Dartmouth Medical School, Hanover, USA

Background: Emerging infectious diseases (EIDs) are disorders that have newly appeared in a population or that have been known for some time but show a rapid increase in incidence or geographic range. Re-emerging diseases are those that have been around for years, but have come returned in a different form or a different location. Several factors have been identified which may be responsible for the shifts in numbers, including changes in climate, the appearance of new vectors, major shifts in population or even evolution of existing organisms. In addition encroachment of human habitats on the normal habitat of infectious agents may be a factor.

Although the concept of emerging infectious disease is only two decades old, previous diseases that fit into this category include the spread of syphilis in the 16th and 17th centuries in Europe, and the HIV/AIDS epidemic.

Often EIDs have characteristic skin changes which aid in their diagnosis.

Among diseases in Africa that now are classified as emerging are Buruli ulcer (a disease which leads to extensive destruction of skin), and tanapox. Other EIDs have been present in Africa for years but only recently have undergone changes in incidence or location. These include African trypanosomiasis and cutaneous leishmaniasis. Other EIDs are now being found largely among visitors to Africa, such as African Tick Bite Fever (in those touring East African game parks) and Schistosomiasis (in people who engage in rafting in the Upper Nile). In addition there are disorders which occur rarely in Africa but may be regarded as newly emerging diseases when transferred to new locations abroad, such as cases of monkeypox, recently identified in the United States.

Aims of the presentation: Factors which lead to the emergence and re-emergence of infectious diseases will be examined.

References:
Cryosurgery

INGVAR LENGSTAM
Dermatologist, Stockholm, Sweden

Basal cell carcinoma is by far the most common type of skin cancer in Sweden; a yearly incidence is estimated at 50,000 cases, the vast majority occurring on sun exposed skin, which means that the head-neck area often is involved. As being a dermatologist I have access to a number of treatment modalities such as cold steel surgery, CO2-laser, electrodessication, chemotherapy (imiquimod and 5-flurouracil), curettage and cryosurgery, and of course different combinations of the methods mentioned. On anatomically difficult locations such as the lower part of the nose and the eyelids, I find cryosurgery the method of choice leaving practically no recurrences, great functional results and a superior cosmetic outcome. Combined with low cost, very few adverse events a minimum of discomfort/downtime for the patient, I consider this method the gold standard concerning these tumors/locations. In conclusion this a very safe and cost effective method in the hands of a skilled dermatologist.

References:
A survey on *Schisostoma mansoni* and *Schistosoma haematobium* in children from the south region of Madagascar

**Targets:** The aim of this survey is to demonstrate the incidence of Schistosomiasis and to individuate the species of *Schistosoma* in a group of 300 children (aged 9-10) in a district of the south region of Madagascar. Local medical authorities have been involved in the survey to set up a health education campaign and to organize the distribution of Praziquantel.

**Methods:** With the participation of scholastic authorities and through the transmission of radio appeals, children between 9 and 10 were selected (173 from Amboasary, 49 from Behara, 69 from Tranomaro), and previously asked to bring faeces and urine samples. A brief questionnaire was administrated to children before collecting organic samples (faeces and urine), local lab-engineer was trained to perform microscope analysis directed to identify *Schistosoma mansoni* and *Schistosoma haematobium* eggs. Then were divulged, in school and public environments, educational posters about transmission and prevention of the diseases and short films in local languages were projected to the population.

**Results:** Amboasary: 35% positive for *S. haematobium*, 5% for *S. mansoni*. Behara: 28% positive for *S. haematobium*, 24% for *S. mansoni*. Tranomaro: 18% positive for *S. haematobium*, 65% for *S. mansoni*.

**Conclusions:** This surveys was very stimulating for students and medical authorities of Madagascar, so that the diseases could be no neglected and recognized its impact on public health. Actually in Fort Dauphin and Amboasary districts has been activated a mass distribution of Praziquantel received by a donation of a multinational company. The risk exists that some doses of Praziquantel could be not utilized in the right way during the mass distribution.

**References:**


Why is water good for skin?

PAUL J. MATTs
Research Fellow, Skin Care, Procter & Gamble, Egham, UK

Skin is the ultimate membrane, maintaining order within and regulating exchange with a hostile, chaotic environment. In this respect, it exists as a factory to build an entirely new stratum corneum in a continuous vertical assembly line every 20 days or so in the average human adult. Remarkably, this equates to a manufacturing process that is repeated consecutively without serious fault (that would constitute death or disease) over 1000 times across an average Western 70-year human lifespan, an incredible feat. Without water, however, this life-long and life-preserving process is utterly redundant. This presentation will examine the critical role of water in the mechanics, regulation and homeostasis of the stratum corneum and, therefore, in life itself – and the unique challenges presented by emerging economies and their related climatology and environment.
Tropical skin diseases or disorders affecting neglected people?
Analysis of medical records at the Italian Dermatological Centre (IDC), Mekelle 2005-2010

ALDO MORRONE, FEDERICA DASSONI, PASCAL VIGNALLY, FRANCESCA VIETTI, OTTAVIO LATINI
National Institute for Health, Migration and Poverty (NIHMP), Rome, Italy

Objective: To assess the burden of skin disorders among IDC patients across sex and age groups. Skin diseases constitute one of the most frequent causes of morbidity in Ethiopia, ranking sixth in the top ten of new outpatient cases in Tigray.

Methods: A retrospective analysis on skin burden was performed among 55,705 outpatients, 1,940 inpatients from January 2005 to September 2010.

Results: The leading diagnosis among outpatients were eczema (22.6%), mycosis (14.9%), pigmentation anomalies (9.1 %), pyoderma (6.0 %), acne (5.5 %), scabies (4.6 %). The highest M/F ratio being found for scabies (1.7) while the lowest one for pigmentation anomalies (0.7). Young children (0-5) were the most affected by mycosis (26.9%), scabies (16.7%) and pyoderma (11.9%). The leading diagnosis among inpatients were pyoderma (14.6%), eczema (11.3%), scabies (9.0%), leishmaniasis (8.2%), mycosis (5.4%), burns (4.5%), HIV (3.8%), skin ulcers (2.9%).The highest M/F ratio being found for skin ulcers (3.8), leishmaniasis (2.5), while the lowest ones for burns (0.9) and HIV infection (0.9).Young children (0-5) were the most affected by pyoderma (25.9%), eczema (14.3%), scabies (14.1%). The overall ALOS was 14.2 days, the average bed occupancy rate was 63.7%

Conclusions: These findings show that patients were mainly affected by common diseases, mostly overcome worldwide, persisting among neglected people because of adverse social determinants of health, inappropriate, delayed diagnosis, mistreatment. On the basis of these results further holistic projects should be implemented in the region, following the good practises already developed by the NIHMP, in order to achieve MDG 6 and MDG 1. This reveals extremely urgent, in fact besides stemming from poverty, these disorders cause themselves deprivation and impoverishment trapping the affected individuals into a vicious cycle of poverty and poor health.

References:
Connective tissue diseases in dark skin people: our experience in Ethiopia

ALDO MORRONE, ELISA MAIANI, FEDERICA DASSONI, ROBERTA CALCATELLA, RAFFAELLA FAZIO, MARIA CARLA VALENZANO, GENNARO FRANCO, AB BARNABAS GEBRE
National Institute for Health, Migration and Poverty (NIHMP), Rome, Italy; Tigray Health Bureau

Objective: Important differences in disease manifestations, severity of disease, and disease outcomes between different ethnic groups have been well established in many diseases. Nevertheless, there have been few studies of connective tissue diseases in Africa.

Methods: We analyzed the cases of connective tissue diseases observed at the Italian Dermatological Centre (IDC) in Mekelle, capital of Tigray, the northern region of Ethiopia, between January 2005 and September 2010. During the medical examinations doctors collect demographic and health information; clinical diagnoses have been classified by ICD-9-CM system. Clinical evaluation, if necessary, was supported by blood, instrumental, histological examinations.

Results: In the time range of our study 51,133 patients have been submitted to a first visit in IDH; 49,625 (97.0%) were outpatients and 1,508 (3.0%) were inpatients. The records revealed 374 (0.73%) patients affected by connective tissue diseases. 235 of them (62.8%) were lupus erythematosus (5 systemic form, 230 discoid form; medium age: 24.7 years old); 136 (36.4%) were scleroderma (medium age: 25.3 years old). We observed only 3 cases of dermatomyositis (1.3%), (medium age: 44.3 years old). All the patients affected by connective tissue diseases were treated in our Hospital.

Conclusion: In our study we observed that skin lesions of discoid lupus are more severe in blacks than in whites. Squamous cell carcinoma (SCC) often arose on chronic skin lesions. Also cutaneous and systemic involvement in scleroderma were more severe in blacks than in whites, with a bad prognosis. Connective tissue diseases in Ethiopia are probably underestimated; much of this population does not have access to dermatological specialists, which may result in the under-diagnosis of these diseases. Public education, and in particular education of community health workers, is important to increase preventive strategies and easier access to health care.

References:
Cutaneous ulcers in developing countries: the experience of the Italian Dermatological Center (IDC) in Mekelle, Ethiopia

ALDO MORRONE, ELISA MAIANI, FEDERICA DASSONI, AB BARNABAS GEBRE
National Institute for Health, Migration and Poverty (NIHMP), Rome, Italy; Tigray Health Bureau

Background: Cutaneous Ulcers (CUs) are a major issue for public healthcare systems in developing countries, a cause of mortality or of loss of working capability in rural populations. Access to health structures of patients affected by CU in developing countries is strongly limited. Epidemiological data on the prevalence and the etiology of CUs in these countries are generally poor, making the analysis of the disease even more difficult.

Methods: Patients' demographic and clinical data have been collected between January 2005 and September 2010 at the Italian Dermatological Centre (IDC) of Mekelle (Tigray, Ethiopia). Diagnoses were classified on the basis of the ICD-9-CM system. Hematochemical, instrumental, cytological, histological and cultural lab tests were performed, when needed.

Results: In the time range of our study 51,133 patients were examined and 1,508 (3.0%) were admitted in the hospital due to serious clinical conditions. A total of 1,484 CU were observed among patients whose age range was from 4 months and 86 years (average 29.2 years). As many as 931 of the examined CUs (62.7%) were infectious (due to tuberculosis, leishmaniasis, osteomielitis, leprosy, impetigo, tropical ulcers, filariasis or sexually transmitted diseases); 302 (20.34%) were related to burns, and 251 (16.70%) were consequence of different.

Conclusion: The main causes of the observed CUs in developing countries are infectious, traumas, burns and diabetes. Activity data related to the IDC basically confirm those from the medical literature. As most of the CUs in developing countries are not of vascular nature, this implies the need for checking whether CUs hide one or more complex pathologies of infectious (such as tuberculosis or HIV) or neoplastic nature. To promote an early diagnosis of these injuries, public health interventions have to be properly planned, especially in rural areas, including training of community health workers in nursing assistance to achieve an accurate and constant handling of CUs and to facilitate the access of patients to the healthcare system.

References:
Dermatological disorders associated with HIV infection: our experience in Ethiopia

ALDO MORRONE, DARIO POCATERRA, CHIARA PAINO, ELISA MAIANI, ROSALIA MARRONE, FEDERICA DASSONI, VALESKA PADOVESE, AB BARNABAS GEBRE

National Institute for Health, Migration and Poverty (NIHMP), Rome, Italy; Tigray Health Bureau

Objective: Sub-Saharan Africa, has the highest incidence of HIV/AIDS infection in the world. Lack of access to necessary antiretroviral therapy leads to the increased presence of advanced AIDS and severe pathological conditions related to the infection. The skin represents a sensible indicator of HIV infection and multiple skin disorder are part of the list established from WHO for the staging of HIV/AIDS.

Methods: We report our experience at the Italian Dermatological Centre (IDC) in Mekelle, Tigray, the northern regional state in Ethiopia.

Results: From January 2005 to September 2010, 1,745 HIV positive patients have been examined with related skin disorders. Commonest alterations we recorded included impetigo, dermatophytosis, viral warts and molluscum contagiosus. Atypical clinical presentations (extensive distribution of the skin lesions or presence of multiple infections in the same patient) represented HIV indicator. Papular Pruritic Eruption (PPE) represented an important role in the early detection of HIV infection and one of the most common symptoms encountered in patients with HIV. Investigations for STIs showed high incidence in HIV patients and, in our experience, genital warts represented the commonest.

Conclusion: IDC, in collaboration with the Italian Cooperation-HSPD, Tigray Regional Health Bureau and Tigray Medical Association is leading an operational research (OR) to spread information about the strong relation between HIV infection and skin disorders. The aim of this project is to improve diagnosis and management skill of peripheral health workers on common skin condition related to HIV/AIDS. We believe in the importance of spreading this dermatological skill to permit early detection and diagnosis of HIV infection. For this reason, as part of the OR, we are teaching dermatological discipline in multiple district of Tigray region. Early diagnosis represents one of the aims to decrease mortality HIV-related.

References:
Epidemiology of skin disorders among Ethiopian children: an analysis of records from the Italian Dermatological Centre, Mekelle, Tigray 2005-2009

ALDO MORRONE, CHIARA PAJNO, ANNALISA ROSSO, PASCAL VIGNALLY, DANIELE DIDERO, EMMA PIZZINI, VALESKA PADOVESE, FEDERICA DASSONI, ROSALIA MARRONE
National Institute for Health, Migration and Poverty (NIHMP), Rome, Italy

Aims: Skin disorders are an important problem in children living in developing countries. However, only few epidemiologic investigations on pediatric dermatoses are available in literature. The aim of the study is to calculate the prevalence of skin conditions in a sample of Ethiopian children aged 0-18 years, and to determine the distribution and frequency of dermatological disorders according to gender and age.

Methods: A retrospective analysis was performed on 22,509 medical records of children aged 0-18 years attending the Italian Dermatological Centre (IDC) from January the 1st 2005 to September 2010.

Results: A total of 29,826 visits were recorded. Infections and infestations accounted for the 42% of the disorders seen. Among infectious diseases, fungal infections were the most common (44.1%), followed by bacterial and parasitic diseases. Dermatophytoses were the most frequent fungal infections (85.2%), particularly tinea capitis (75.3%). Impetigo (91.5%) was the most common bacterial disease and scabies (72.6%) the most common parasitic infection. Molluscum contagiosum (47.8%) and viral wart (42.6%) were the most common viral infections. Dermatitis (contact and atopic dermatitis) constituted the second most common diagnostic category (25.2%).

Atopic dermatoses, insect bite and impetigo were mostly concentrated in the earlier age classes, while dermatophytosis was more frequently observed in children aged 1 to 10 years (P<0.01). A female preponderance was observed in seborrhic dermatitis (75%), psoriasis (70%), dischromia (65%), while a male preponderance in scabies (66%) and dermatophytosis (54%) (P<0.01).

Conclusions: Most of the disorders observed could be easily managed in clinical practice with appropriate skill development. Thus, it is crucial both to ensure that training in dermatology of medical students and pediatricians focuses on accurate recognition, diagnosis and management of these common skin diseases, and to educate families, teachers, health workers, nurses about the most common signs of prevalent skin diseases in order to facilitate the correct management of skin disorders.

References:
Health and migration in the Mediterranean Sea: the route of Lampedusa

ALDO MORRONE, TERESA D’ARCA, MEENA DI STEFANO, SUZANNE MBIYE DIKU, CHIARA GERMELLI, DARIA MAGGIO, ELISA MAIANI, ROSALIA MARRONE, VALESKA PADOVESE, CHIARA PAINO, HELENA RODRIGUEZ, MARIA CONCETTA SEGNERI, GIULIANA TROIA
National Institute for Health, Migration and Poverty (NIHMP), Rome, Italy

Objective: Immigration in Italy is an increasing phenomenon. Thousands of migrants try to enter Italy and other European nations each year via Lampedusa, crossing the Mediterranean Sea by boat and risking their lives to reach Europe. During the last 5 years the migrants have come to Lampedusa rose from 8,800 in 2005 to a number of 32,881 in 2010.

Methods: Since 11th August 2008 a group of specialists from NIHMP has been working in Lampedusa island both on molo and in CPSA (Center of First Aid and Reception). At the moment of landings, migrants are submitted to screening to identify sensitive situations, as infectious and ecto-parasitical diseases, pregnancies and acute post-traumatic stress conditions. After police identification, specialists provide to more accurate clinical evaluations and collect demographic and health information; clinical diagnoses have been classified by ICD-9-CM system.

Results: Until March 2010, 18,650 persons arrived in Lampedusa (60.44% men, 7.91% minors). Most migrants come from Nigeria, Tunisia, Somalia, Eritrea, and Ghana. Most minors come from Egypt. The triage on molo showed 0.5% conditions of hypothermia especially during winter, and 70% of dehydration during the summer. We observed 2 deaths due to hypothermia on January 2009. Dermatological and infectivological examinations highlighted: 15% eczema; 8% common upper respiratory tract infections and chilling syndromes caused by bad travel conditions; 1.5% scabies and pediculosis; 1.2% folliculitis and forunculosis; 1% viral warts; 0.5% herpes simplex; 0.6% superficial mycosis; 0.6% wounds; 0.3% burns, caused by prolonged contact of the skin with the fuel on the boat. We also observed 2 cases of nodal tuberculosis, 3 cases of pulmonary tuberculosis and 1 case of Leishmaniasis. Gynaecological examinations showed 12% pregnancies, especially among Nigerian women.

Conclusion: These data show that migrants observed in Lampedusa, despite the difficulties of the journey, are in good general health conditions. Nevertheless, the inequities of our societies organization and social stratification determine differential access to and utilization of health care, with consequences for the promotion of migrants' health.

References:
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International Protection Seekers, Refugees and Victims of Torture Reception Service. The approach of the National Institute for Health, Migration and Poverty (NIHMP)

Aldo Morrone, Maria Cristina Tumiati, Adela Gutierrez, Mehmet Emin Gulmez, Masomeh Zamyndoost, Maria Concetta Segneri, Laura Porry Pastorel, Francesco Battista, Cristina Schillirò

National Institute for Health, Migration and Poverty (NIHMP), Rome, Italy

Objectives: Since 2001, the Service has provided psychological assistance as well as anthropological counselling to asylum seekers, refugees and victims of torture in order to rehabilitate them. The study aims at describing the modus operandi adopted by the team as well as its activities in the framework of the Service.

Methods: A trans-disciplinary approach has been adopted in order to take care of the people received by using a holistic approach. The service relies on the presence of psychologists, anthropologists, transcultural mediators, general practitioners as well as specialists, in particular dermatologists and gynaecologists. It should be outlined that some of these professionals experienced, in their turn, repression, torture and exile.

Results: Between January 2008 and June 2010, the Service received 819 people coming from 50 different countries. During this period, 2,805 medical examinations, 1,683 psychodiagnostic exams, 1,122 anthropological interviews aimed at collecting traumatic memories were performed. The activity carried out by the staff of the service led to the issuing of 561 certificates, which are part of the dossier that the asylum seeker submits to the commission or the court at the moment of the examination of his/her asylum request. The process aims at re-building the wholeness of the person, which was violated by the tortures undergone and which continues to be threatened by the living conditions endured.

Conclusions: Taking care of asylum seekers, victims of torture and refugees by adopting a holistic and transdisciplinary approach allows to culturally decode their suffering. Torture disintegrates the person. The proposed approach provides a key to give a first answer to the not yet crystallised situation lived by who suffered trauma, allowing to follow a rehabilitation path and to restore the dignity and the wellbeing of the person.

References:
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Jørgensen U., Melchiorsen H., Gottlieb A.G., Hallas V., Nielsen C.V. Using the International Classification of Functioning, Disability and Health (ICF) to describe the functioning of traumatised refugees. Torture 2010; 20:57-75.
Leishmaniasis cases

ALDO MORRONE, FEDERICA DASSONI
Italian Dermatological Centre–IDC, Mekelle, Ethiopia; National Institute for Health, Migration and Poverty (NIHMP), Rome, Italy

Aims: Cutaneous and muco-cutaneous leishmaniasis are endemic diseases in Northern part of Ethiopia. Still now specific treatments are not available in the rural areas and many people refer to the hospital when the illness is in a very late stage, after trying traditional treatment (application of leaves on the skin lesions).

Methods: We analyzed cases of cutaneous (CL) and muco-cutaneous leishmaniasis (MCL) and their different ways of manifestation, from January 2005 to September 2010.

Results: 1146 out of total medical visits were CL/MCL (1.98%), M:F ratio was 2:1, mean age was 24.4. We present some pictures of the different clinical types of CL and MCL, and some cases of coinfection with HIV.

Conclusions: Leishmaniasis, in the form of CL/MCL, is a very common disease in Northern Ethiopia. Because of a scarcity of dermatologists in the rural areas, most of these cases present to general practitioners, health officers and health extension workers. Control of this disease is further complicated by an inadequate supply of appropriate drugs. People are often unable to access medical treatment because of multiple factors such as poverty, lack of health education, and lack of health facilities.

Specific and effective drugs were not available in the region since few months ago; antimonial pentavalents are now available only in the main town, but cases of resistant leishmaniasis, mainly among the diffuse cutaneous (DCL) and muco cutaneous (MCL) type, were observed.

People from the rural areas still seek for traditional medicine, this is leading to disfiguring and functional impairment of the affected parts of the body (usually face and extremities) if affected by DCL and MCL. Moreover, people with Leishmania/HIV coinfection need multiple cycles of therapy, as the disease has chronic and relapsing course in this patients.

References:
Leprosy in Northern Ethiopia

ALDO MORRONE, FEDERICA DASSONI, ELISA MAIANI, ROSALIA MARRONE, VALESKA PADOVESE, CHIARA PAJNO, AB BARNABAS GEBRE

National Institute for Health, Migration and Poverty (NIHMP), Rome, Italy; Tigray Health Bureau

Objective: Leprosy is still a great health problem in some developing countries. 84% of new cases and 74% of all registered cases of leprosy worldwide are observed in 9 countries. Since 2001, after the introduction of MDT, there was a reduction of new cases in Asia, but this trend has not observed in Africa and Latin America. In Africa, there are more than 15 countries where leprosy is still a public health problem. More than this, in countries as Somalia and Sierra Leone, the problematic situation makes data non reliable. In Ethiopia, where there are 4-5,000 new cases every year, there were no data until 2004. It is hard to pinpoint why it is taking so long to eradicate this illness: some causes might be the related stigma, the institution of leprosaria in the past, poverty and living conditions, its chronic course. Implementing case detection, treatment, advice and surveillance to the population is a possible solution.

Methods: We analyzed the cases of leprosy observed at the Italian Dermatological Center (IDC) in Mekelle, Tigray, in the Northern part of Ethiopia, between January 2005 and September 2010.

Results: During the first 5 years of activity we registered 581 patients with leprosy and 11 with deformity related to leprosy, that is the 1% of the total number of visits. M:F ratio was 3.1:1; average age: 41.9 years; paediatric cases: 23 (4%). Unlike other African countries, a relatively high proportion of multibacillary (MB) cases was found (273). We observed 6 cases of coinfection with TB and 4 with HIV, of which one presenting with IRIS as Type 1 leproreaction.

Conclusions: Leprosy is a topical, still common disease in Northern Ethiopia. In most cases, it can be easily suspected and treated. Detecting new cases and monitoring disability caused by leprosy will be a challenge. One solution is to implement long term surveillance in selected countries and make treatment available for all.

References:
Prevalence and risk factors for intestinal parasitic infections in Tigray, Ethiopia: A population based study

ALDO MORRONE, ANNALISA ROSSO, PASCAL VIGNALLY, HELENA RODRIGUEZ, CHIARA PAINO, GIORGIA BANDIERA, FRANCESCA VIETTI, ROSALIA MARRONE
National Institute for Health, Migration and Poverty NIHMP, Rome, Italy

Aims: To describe the occurrence of intestinal parasitic infections in Tigray region and the knowledge, attitudes and behaviour regarding the prevention of these infections, in order to orient the design of control and prevention programmes.

Methods: A cross-sectional study was realized to investigate both the prevalence of intestinal parasites, and knowledge, attitudes and practices (KAP) related to the prevention of parasitic infection in a selected population of the Tigray Region. The study included both the administration of a closed-ended questionnaire to collect personal information as well as information on knowledge and practices related to parasites infections, and the collection and analysis of stool samples from the population.

Results: 1200 people were included in this study. Stool test positive for parasites was found in 630 people (52.5%); 59 persons (9.36%) had co-infection with 2 parasites, and 2 (0.31%) with 3 parasites. The most prevalent parasite found was Entamoeba histolytica/dispar (17.75%) followed by Giardia lamblia (12.58%) and Ascaris lumbricoides (7.92%). The infected population reported, more than uninfected one (p<0.002), that they were taking the water to drink or cook from natural sources or from well, and that usually they took bath in rivers/lakes/rainy water (p<0.03). The large majority of adults (74.5%) thought that eating raw fruit or vegetables was the main cause of parasitic infection. Only 1.1% identified "unwashed hands" as a possible source for parasitic infection, and just 2 persons (0.3%) responded that "dirty water" may represent a cause of infection.

Conclusions: Our study confirms that intestinal parasitic infections are still an important public health problem in Tigray and suggests an association between access to safe water and parasitoses. The results suggest the need to improve people's knowledge and behaviours for the prevention of intestinal parasitoses.

References:
Preventive medicine of migrations: Low cost and highly efficient diagnostic models

ALDO MORRONE, LORENZO NOSOTTI, ROSALIA MARRONE, ILARIA UCCELLA, CHIARA PAJNO, LAURA PECORARO, TERESA D’ARCA
National Institute for Health, Migration and Poverty (NIHMP), Rome, Italy

Background: Since many years the National Institute for Health, Migration and Poverty (NIHMP) in Rome, deals with the socio-sanitary assistance of immigrants and of the weakest groups of the Italian population. The basic element of the methodology is easy access to the health services, together with the possibility of low cost routine tests. The present work presents three examples of application of this methodology.

Materials and Methods: Liver diseases. During 2008-2009 we have examined 544 immigrants (342 male), age range 21-70 years, who had an excess of blood transaminases, whose nature had to be determined. We collected an accurate anamnesis from these patients and many haemato-chemical tests were carried out. More, all the subjects underwent a hepatic echography. A liver biopsy was carried out on those subjects who presented a chronically elevated transaminases, whose aetiology had remained unknown after the screening test.

Diabetes. 4671 immigrants were examined. The diagnosis of diabetes was performed through the fasting glucose level measurement: two separate measurements giving glucose blood values >126 mg/dl confirmed the presence of diabetes.

Iron deficiency and sideropenic anaemia. We examined 453 immigrant women, age range 14-60 years. The results of the Hb and blood cell count, and of blood ferritin were used to determine the rates of prevalence of anaemia and sideropenia. The association of anaemia and iron deficiency has been defined as sideropenic anaemia.

Results: Our case analysis of immigrants showing an excess of blood transaminases, shows a picture of pathologies basically overlapping those of the Italian patients and correlated with HCV hepatitis. We found a high (4.9%) prevalence of diabetes, while the results on the immigrant women showed an incidence of iron deficiency and sideropenic anaemia greater than what has been reported in the Western countries.

Conclusions: The results of our study strengthened our opinion that the evaluation of blood transaminases may represent in the immigrant population at risk a very useful blood test for an early diagnosis of often asymptomatic liver diseases. Similarly, early diagnosis of diabetes with a simple low-cost, highly-efficient blood test such as fasting glucose level measurement, could prevent diabetic. Finally, the execution of two simple and economical laboratory examinations allows to make an early diagnosis of iron deficiency anaemia.

References:

Dark and light skin

BERNARD NAAFS
Foundation for Dermatology and Venereology "Polderma", Emmeloord, The Netherlands; Regional Dermatology Training Centre (RDTC), Moshi, Tanzania; Instituto Lauro de Souza Lima (ILSL) Bauru, SP, Brazil

Dermatology of the darker skin is definite a different dermatology than that of the lighter skin. Erythema the hallmark of European/North American dermatology as sign of inflammation is not that easy appreciated as such. Pigment changes dominate the picture a dark skin dermatology. Physical properties of the dark skin are different from that of the light skin and change the clinical aspect of diseases. The paper will highlight the differences and show a full spectrum of skin diseases in light and dark skin.
Leprosy: A forgotten disease

BERNARD NAAFS

Foundation for Dermatology and Venereology "Polderma", Emmeloord, The Netherlands; Regional Dermatology Training Centre (RDTC), Moshi, Tanzania; Instituto Lauro de Souza Lima (ILSL) Bauru, SP, Brazil

Leprosy, a feared disease was well on its way to be controlled until it was hijacked by the WHO as "the disease to be eliminated by the year 2000". As result leprosy is considered eliminated and leprosy control programmes have been discontinued and knowledge and awareness have disappeared. Leprosy has become a forgotten disease and leprosy patients are diagnosed to late, with lasting damage.

This paper will give the clinical and immunological background on the disease and hopes to refresh and fortify the knowledge on leprosy and its management.
A case of patient with primary and secondary syphilis

SHIMELIS NIGUSSE DONI, MESFIN HUNEGNAW, G. ROBEL
Department of Dermatovenerology and Leprosy, All African leprosy Education and Rehabilitation Training Center, Addis Ababa, Ethiopia

Introduction: Syphilis is one of the major sexually transmitted disease which is caused by a spirochete organism called Treponema pallidium. Syphilis is a systemic disease which usually passes through three stages of infection. Primary stage presents as single painless chancre; secondary stage presents with condilomata lata, oral ulcer and/or generalized lymphadenopathy; tertiary stage has cardiovascular or neurologic manifestations.

Case report: A 23 years man presented with painless ulcer on the tip of the glans penis of one month duration. He has multiple sexual partners and practiced unsafe sexual intercourse. There were multiple moist papular lesions on the gluteal cleft, scrotum, genitocurural, scrotum and pubic area bilateral inguinal lymphadenopathy. Diagnosis of syphilis was confirmed by laboratory examination with non specific treponemal test RPR (rapid plasma reagent) 1:32 ratio and specific treponemal test, TPHA was reactive. It has primary, secondary and tertiary stage with history of gen-ital ulcer of three weeks, associated with skin lesions on the perineum, trunk and palms.

Conclusion: This case demonstrates the occurrence of secondary stage of syphilis before disappearance of primary chancre.
Scabies: Taking ResponsAbility for this Neglected Tropical Disease

LUCIA ROMANI
Department of Dermatology, St. Vincent's Hospital, Sidney, Australia

Scabies is a major cause of illness and death in many developing countries, leading to economic disadvantage and reduced quality of life. The direct effect of scabies is debilitating itching, resulting in scratching, which in turn can be followed by a wide spectrum of complications due to bacterial infection of the skin, ranging from impetigo, abscesses and cellulitis, through to septicaemia, renal failure, rheumatic heart disease, and death.

The World Health Organization estimates that over 300 million people worldwide are affected by scabies each year, mainly in tropical developing countries. Countries of the Pacific region are recognised as having a particularly high burden of scabies and its complications, documented at prevalences of the order of 20%, among the highest in the world.

A lot of measures has been adopted to control other Neglected Tropical Diseases (NTDs); until now scabies has been overlooked by health programs and research, and in order to facilitate change we need to understand the main reasons for this oversight. Perhaps there are not enough resources to manage a disease largely causing morbidity rather than mortality, consequently scabies is not as compelling a disease as other NTDs.

We believe that scabies Mass Drug Administration (MDA) could be a feasible solution for the control of scabies in developing countries. It has proven short-term efficacy and safety in other settings, such as the Solomon Islands, the Australian Aboriginal communities, and institutions, such as prisons and nursing homes. However, only small-scale trials have been conducted and many questions still need to be addressed in order to make the intervention sustainable.

A large-scale, comprehensive control programme for endemic scabies has been advocated as a global health need, yet never implemented. What can be done to facilitate this happening?

References:
Washing for skin disease, wound, burns and lymphoedema care.  
The reality of water shortage and its solution

TERENCE J. RYAN  
*University of Oxford, UK*

Examples of the need for water are described. A new technology for making water fit for drinking, and therefore fit for washing, is demonstrated. The benefits and savings of this technology are described. The humanitarian Gift to the world of this technology and a Memorandum of understanding between Procter and Gamble and the International Foundation for Dermatology and The International Skin Care Nursing Group is described. How to use water in a few better ways is demonstrated.
A colour atlas of diseases of the vulva and perigenital area

Stefano Veraldi, C. Francia, V. La Vela, M.C. Persico
Department of Anaesthesiology, Intensive Care and Dermatological Sciences, University of Milan, I.R.C.C.S. Foundation, Milan, Italy

This international congress will put a lot of work into female health. We therefore decided to present our clinical experience about an issue that is rarely discussed in dermatological congresses, i.e. the diseases of the vulva and perigenital area.

The diseases will be divided into different chapters: hereditary diseases (Darier disease); infectious diseases (herpes genitalis, genital warts, candidiasis, impetigo, erysipelas, syphilis); inflammatory diseases (allergic contact dermatitis, fixed drug eruption, psoriasis, lichen planus, lichen sclerosus, pemphigus) and neoplastic diseases (bowenoid papulosis, basal cell carcinoma, Bowen’s disease, squamous cell carcinoma, extra-mammary Paget’s disease, melanoma, Kaposi’s sarcoma, T-cell lymphoma and Langerhans’ cell histiocytosis). All these diseases will be discussed according to clinical, histopathological and therapeutical points of view.
Immune reconstitution inflammatory syndrome—IRIS. Starting antivirals, and what can happen to the skin. A practical approach

MARGOT WHITFELD
St. Vincent's Hospital, Sidney, Australia

The cutaneous manifestations of HIV are ever changing. Immune reconstitution inflammatory syndrome (IRIS) is a condition in which, a number of diseases, including those with dermatologic manifestations, can worsen after the commencement of effective antiretroviral therapy for HIV infection, or even appear for the first time. This can occur with infectious diseases such as molluscum contagiosum, human papillomavirus infection, herpes simplex and varicella zoster infections, as well as mycobacterial infections including tuberculosis and leprosy. It can also occur with inflammatory conditions such as psoriasis, seborrhoeic dermatitis, and autoimmune diseases such as lupus, vitiligo and alopecia areata. Kaposi’s sarcoma, sarcoidosis and eosinophilic folliculitis can also occur for the first time or recur.

In addition, as the patients regain their T cell function, sometimes drug eruptions such as trimethoprim-sulfamethoxazole hypersensitivity can resurface, as can allergic contact dermatitis to agents such as nickel, which may have been well tolerated for a prolonged period of time.

Recognition that the appearance and reappearance of these conditions can be a sign of immune improvement rather than a reduction in immune function is essential in ensuring that patients, often recently started with a new antiretroviral therapy, continue with their treatment.

In many resource poor countries, co-existing infectious diseases are even more likely and this can make the management of HIV and institution of antiretroviral therapies even more complicated, and the skin is a common site of presentation of IRIS.

Managing IRIS is often easier said than done. Looking and assessing the management strategies available is an essential issue.

References:

Assessment of ten years experience of Directly Observed Treatment short-course (DOTs) therapy for tuberculosis

DESALEGN WOLDEYOHANNES
College of Medicine and Health Sciences, University of Gondar, Ethiopia

**Background:** Tuberculosis (TB) is still the leading cause of death worldwide, accounting for 2.5% of the global burden of disease and 25% of all avoidable deaths in developing countries.

**Objectives:** To evaluate the impact of the Directly Observed Treatment-Short course programme.

**Methods:** Institutional-based retrospective study was employed.

**Results:** Between the years (1998-2007) 133,340 patients with all form of TB were registered. Of this, 40,929 (31%) were pulmonary TB positive, 48,491 (36%) were pulmonary TB negative, and 43,920 (33%) were extra-pulmonary TB. The trend of case detection rate for new smear positive pulmonary TB cases has increased from 73% in 1998 to its peak 113% in 2000 and then it decreased to 68% in 2007. The treatment success rate has value with an average and standard deviation of 80% and 3.2, respectively from 1999 to 2007.

**Conclusion:** It is possible to achieve the recommended WHO target as can be seen how closely these targets were approached in the city in 2007. However, this requires seeking alternative case finding mechanisms.

**References**
Snakebite: a neglected tropical problem

VICTORIA YATES
Bolton Hospital, UK, and RDTC at KCMC Moshi, Tanzania

Snakebite is an under-estimated and neglected public health issue that is responsible for substantial illness, death and socio-economic hardship. At least 420,000 envenomings and 20,000 deaths from snakebite occur each year. It is possible that these figures maybe as high as 1,841,000 envenomings and 94,000 deaths especially in South and South East Asia and sub-Saharan Africa.

It particularly affects the rural poor and is an occupational hazard for many farmers, herders and other agricultural workers. The risk posed is often compounded by poor access to healthcare in remote areas, a scarcity of antivenom and delays in administration of any antivenom that is available.

In this article we will describe findings from our study of snakebite envenomation treated at a nurse-led rural clinic in Tanzania and also suggest simple steps to assist a snakebite patient and how to reduce risk factors for snakebite in community.