



# Skin Disease in the Developing World:

## TTUHSC International Elective in Botswana

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### • Reasons for Dermatologic Care in the Developing World:

- Skin disease can be considered less important than diseases with significant mortality, such as HIV/AIDS, tuberculosis, and malaria. However, skin problems are some of the most common diseases seen in primary care settings in the developing world.
- Diagnosis and treatment of skin disease in the developing world is important because patients present in such large numbers and morbidity is significant through disfigurement, disability, or symptoms such as intractable itch.
- Screening the skin for signs of disease is an important strategy for detecting systemic diseases, both infectious (syphilis, leprosy and, HIV) and neoplastic



8 y/o AF with congenital HIV diagnosed with **Pellagra and Kaposi Sarcoma**. Patient improved with Vitamin B-complex supplementation & chemotherapy.

(para-neoplastic syndromes).

- Skin diseases in the developing world are often transmissible but are readily treatable.

### • Nature of the Program:

- The Botswana-UPenn Program with funding from TTUHSC's international resident elective grant and the AAD (American Academy of Dermatology) sends one dermatology resident every month to see and treat patients in Botswana.
- The resident works in an out-patient clinic daily and sees hospital consults at the main hospital for the country in Gaborone. Weekly, the resident travels out to various out-reach clinics to see patients unable to attend clinic in Gaborone.

- Skin biopsies are obtained, histologic slides are prepared at the national laboratory, and loaded into a microscope for review. Dr. Kovarik, a dermatopathologist at UPenn is able to drive the microscope at the national laboratory in Gaborone, Botswana, from Philadelphia, PA, to provide diagnosis.

- Biopsy proven diagnoses helps physicians make important clinical decisions as demonstrated below.

### • Conclusion:

- International partnerships, such as the Botswana-UPenn program are an effective way to provide healthcare on an international level.



56 y/o AF with HIV diagnosed with **Sweet syndrome-like IRIS (Immune-Reconstitution Inflammatory Syndrome)** after starting HAART. Patient improved with systemic prednisone taper.



27 y/o AM diagnosed with **Lepromatous Leprosy** and started on appropriate antimicrobial therapy after being treated for eczematous dermatitis x6months.

48 y/o AF diagnosed with **Kaposi Sarcoma and new-diagnosis HIV**.

