Roger Harman African Travelling Fellowship Report - Winter 2017
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Visit to Sudan - July 2019

I was awarded the Roger Harman African Travelling Fellowship by the BAD and chose to broaden my horizons by spending time in Omdurman teaching hospital for dermatology and venereology, this is one of the main teaching hospitals in the largest city in Sudan called Omdurman and it serves a population of ~1,200,000. This indeed proved an invaluable learning experience.

The week started off by doing a ward round of inpatients with a consultant dermatologist and dermatology trainees. The inpatient facility contained six beds dedicated to dermatology patients, but unfortunately with limited experienced nursing staff. At that time, one of the patients had been admitted erythrodermic one week earlier with no previous dermatological history and had been responding well to topical therapy. The result of a biopsy that had been performed on admission, was awaited; the other patient had a new diagnosis of pemphigus vulgaris and was still requiring high doses of oral prednisolone to keep her skin under control.

This was followed by an outpatient clinic attended by extremely large numbers of patients - both new and follow-ups, some of whom had come from very far distances, they might have waited a long time in the waiting area before they were seen and they expected to do so, and some who were from less affluent areas within Omdurman and this was the height of the medical attention they could seek or treatment they could afford. The cases which came through clinic were interesting and very variable- they ranged from cutaneous leishmaniasis, tinea incognito resulting from overuse of topical corticosteroid therapy used for skin lightening, pemphigus vulgaris, madura foot and other common general inflammatory and infective skin conditions encountered in my routine clinical practice such as urticaria, eczema, psoriasis and tinea corporis.

Once a week an MDM was held where dermatologists from the team met to discuss challenging cases to manage. Examples of such cases included difficult to manage psoriasis and pustular psoriasis or pemphigus vulgaris. In some scenarios sadly the main obstruction in providing appropriate treatment was its lack of availability. Acitretin, for example, was not readily available throughout Sudan and if needed, dermatologists were reliant on the drug coming from neighbouring countries such as Egypt- this could be via a patient's family member or friend for example. Additionally, biological agents were not available to any dermatology patient in Sudan (whether this was privately or in the government sector). However, biological agents such as secukinumab had just become accessible to rheumatology patients. This naturally creates frustration amongst physicians.

Medical students on their dermatology placement had dedicated teaching and clinical sessions. I had the privilege to get involved in teaching students about dermatology terminology as well as common conditions and infectious diseases affecting the skin, which enhanced my own learning.

By sending time in one of Omdurman's largest teaching hospitals, mingling with dermatology trainees, shadowing senior consultants and learning about a completely different healthcare system with finite resources at hand and limited access to not just biological agents, but also systemic agents such as acitretin which is readily available in the UK, I have come to learn

how fortunate our patients in the UK are and how satisfying and rewarding it is to be able to deliver quality care adequately.

I am very grateful and would like to thank the BAD for providing me with this excellent opportunity to not only network with dermatologists in Africa, but also to understand and learn about a completely different healthcare system in a developing country with scare resources.