

**British Association of Dermatologists - Elective Prize/Project Grant Report**

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Dermatology being the specialty of interest for my future career, I chose to do the elective dermatology placement in Yangon to gain more clinical experience in this specialty. In addition, I hoped to learn more about patient-doctor relationship and interaction in a different and unique environment, in a country like Myanmar. The learning experience from this elective and carrying out a research project has further deepened my interest in dermatology.

During the four weeks of clinical placement, I followed the consultant dermatologist to his clinics and was given opportunities to interact with his patients. I have seen patients with various dermatological conditions, including those common in the UK and those I have encountered (such as atopic dermatitis, contact dermatitis, viral warts, etc...) as well as those common in Myanmar but I have never seen in the UK before (such as paederus dermatitis) Majority of the patients I have seen in this placement often came in with lesions due to infection and sometimes due to complication from misuse of topical applications. A few patient cases that I found particularly interesting are as follow:

1. Paederus Dermatitis due to contact with haemolymph of a particular group of rove beetles depositing pederin



2. Irritant contact dermatitis leading to desquamation due to locally made anti-fungal cream named "double snake cream" used for itch (misuse of topical application) rather common in Myanmar with easy access to traditional herbs, powder, leaves and various creams in the community



3. Cushing Syndrome due to exogenous steroids with presentation of moon face, acne and tinea faciei



At the same time, I have learnt to better appreciate the psychological impact of dermatological conditions on patients not only due to the experience of symptoms affecting their daily activities but also because of stigma associated with skin diseases generally believing it to be unclean and contagious most of the time. As such, holistic approach to treatment including patient education, reassurance and encouragement from the healthcare team as well as the family members is very important to most if not all of the patients. Some of the cases I have encountered are difficulty working in the day and sleeping at night due to itch from chronic urticaria, embarrassment due to genital herpes, concerns by the parents for their children, worry by the family members due to father with chickenpox at the age of 33 and various other conditions affecting work, study and daily activities.

Although Burmese is my mother tongue language and I could speak fluently, I was not exactly aware of certain specific terms for dermatological conditions. For instance, Eczema – Hnin Khu, Viral Warts – Kyuat Noe, Herpetic Vesicles – Yay Yong, Tinea Corporis – Pway, etc...Over the four weeks, I have learnt and practised communication using Burmese language in clinical setting. I feel greatly satisfied with improvement on my mother tongue language in clinical setting which will then be very useful in the future.

In terms of clinical facilities and treatment options, due to limited budget and availability, main focus is placed on treating the patients with best available options. I was surprised by the look of the clinic, toilet, handwashing area, the patient bed, the electrocautery machine and how the nurse assists with the hand-held torch light while also helping to get necessary instruments for the doctor. As such, I have now learnt to better appreciate and not taking for granted the available facilities in the UK, infection control, funding, wide range of investigations and treatments. I am also inspired by the effort of doctors and nurses in Yangon doing their best to provide the most suitable treatment for the patients within their limited resources. In fact, Yangon (the former capital) is one of the largest cities in Myanmar. Given the current situation, there is much work to be done to improve healthcare not only in Yangon but also especially so in rural areas. In the future, if there are opportunities, I hope to contribute to development and improvement of healthcare in my home country, Myanmar.

Alongside the clinical placement, I have carried out a questionnaire-based cross-sectional study project, recording the patient demographic details, Dermatology Life Quality Index (DLQI) Score, patients' perceptions and patterns of thanaka use. Thanaka, used by Burmese people for over 2000 years as a form of sun protection and cosmetic, is reported to be safe to use and potentially beneficial to the skin.<sup>1</sup> It can physically cover up the skin lesions, and also has anti-inflammatory, anti-oxidation and slight antibacterial properties.<sup>2</sup> Therefore, it can potentially be helpful to the treatment of dermatological conditions and also improving the patients' quality of life. Current results indicate that thanaka use is more common in childhood and adult females. Most people use thanaka in the form of thanaka tree bark rubbing on a stone slab to produce the paste. Most people apply thanaka on face and some on sun-exposed areas and some on the whole body. Most common perceptions regarding benefits of thanaka application are sun protection, skin cooling, itch relief, prevention and treatment of acne. I hope to process the data and carry out a more detailed analysis, looking at possible relationships between patient demographic details, DLQI Score, prevalence and patterns of thanaka use.

Overall, I am truly grateful for such invaluable learning experience in a unique environment of a developing country like Myanmar, helping me with both personal and professional development through this enriching elective clinical placement and research project. I would like to thank the BAD for the elective prize/project grant, supporting me throughout this learning experience. I would also like to thank my supervisor consultant Dr Aung Gyi and other members of the healthcare team for their kind assistance and supervision.

1. Goldsberry A, Dinner A, Hanke CW. Thanaka: traditional Burmese sun protection. *J Drugs Dermatol* 2014; **13**(3): 306-7.

2. Wangthong S, Palaga T, Rengpipat S *et al.* Biological activities and safety of Thanaka (*Hesperethusa crenulata*) stem bark. *J Ethnopharmacol* 2010; **132**(2): 466-72.