



**British Association  
of Dermatologists**

*healthy skin for all*

## **Dermatology in Hospital Kuala Lumpur**

**Elective Prize/Project Grant - Winter 2017**

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## **Dermatology in Hospital Kuala Lumpur, Malaysia**

Firstly, I would like to thank the British Association of Dermatology for their generous support, allowing my elective experience in Kuala Lumpur to be made possible. My gratitude is extended to the doctors at Hospital Kuala Lumpur who were extremely welcoming on my arrival and also the patients who kindly gave me their time to see to them.

My aim for travelling to Malaysia was to learn about a wider variety of dermatological and infectious diseases, in particular leprosy, which are more common in this developing country owed to its tropical environment. My elective was placed in Malaysia's capital city, at Hospital Kuala Lumpur (HKL) for five weeks. This was chosen due to its extensive catchment area, diverse population groups and leading facilities. HKL runs specialist clinics to manage patients with leprosy, psoriasis, venereal diseases, along with an Intensive Skin Care Clinic facilitating laser surgery, phototherapy and cryotherapy – all of which I was able to observe or assist with. Additionally, I had an aim to also contribute to the local community and help deliver a good quality of care to patients.



*In front of the Hospital Kuala Lumpur's dermatology clinic*



*Left: Waiting rooms outside wards Right: Specialist Complex and Ambulatory Care Centre*

Leprosy, also known as Hansen's disease, is one of the oldest recorded diseases, caused by infection of *Mycobacterium leprae*. The bacteria is transmitted via nasal droplets between those in close contact. However it remains a public health problem with over 200,000 new cases reported worldwide every year. I was informed that most leprosy patients presenting to the clinics in HKL and originate from Indonesia and Bangladesh, and manifest the condition soon after they are born to infected mothers.

Pigmented skin lesions are the primary external sign of leprosy, along with damage to peripheral nerve (by infection of Schwann cells thus reduced production of myelin) and lesions of upper respiratory mucosa. Complications are tissue loss and deformation of fingers and toes, from progressive sensory deficit and absorption of cartilage, resulting in the disfiguration that is hallmark to leprosy.

Shadowing a knowledgeable junior doctor, gave me the chance to speak to some of the patients before they were assessed in clinic. A memorable patient was with a middle-aged man, newly-diagnosed with leprosy, and had the classical 'leonine facies'. This is inflammation to the tissues of the face and thickening of the skin, especially around the eyes

and nose, resulting in a lion-like face. When speaking to him, he appeared optimistic about his condition. It did not affect him on his daily life, and he was keen to continue working to support his wife and children. Despite leprosy being an infectious disease, contrary to prior belief, it is rarely contagious. Only face masks were worn to see patients who had been newly diagnosed or detected with high levels of viable bacteria, who were advised to avoid crowded places, but could still continue living in the community.

I have learnt that early detection and prevention of leprosy is important, with positive skin smears showing acid-fast bacilli as confirmation of diagnosis. A morphological index, or MI, is generated from the smears, and is clinically used to identify the level of viable bacteria present, giving an idea of how contagious the disease is. In the clinics, most patients had a morphological index of 0, and were monitored six monthly to assess for any further complications. Those with a morphological index of over 0, would be seen more frequently, typically every six to eight weeks.



*Microscopy for detecting bacilli from skin smears*

In literature, the BCG vaccine has been shown to confer some protection against bacilli positive leprosy, which as a similar pathology to tuberculosis. However this is not used much in Malaysia due to its cost implications. Current available leprostatic agents are effective for cure and removal of the pathogen. Multidrug therapy used in Hospital Kuala Lumpur follows World Health Organisation guidelines, which consists of rifampicin (600 mg once a month) and dapsone (100 mg daily) for at least 6 months in paucibacillary disease, with clofazimine added (300 mg once a month and 50 mg daily) for multibacillary disease (over 12 months).



*Septic arthritis in the right knee of a patient with leprosy*

Another notable leprosy patient was brought into Hansen's clinic by a wheelchair, clutching his knee and his face was in pain. On closer inspection his legs were covered with hypopigmented linear skin lesions, and exhibited erythema nodosum leprosum, an immune mediated complication of leprosy. He also exhibited skin thickening on the face, ear, hands and feet, with associated sensory loss in these areas. He presented with a painful swollen knee, which was then investigated as septic arthritis. It was brought to my attention here, the multitude of different conditions that may arise alongside leprosy and the other health problems that patients are at higher risk of. This stresses the importance of regular assessment to avoid or treat any complications of leprosy.

I was fortunate to attend a group counselling session for leprosy. It was a safe environment that allowed anyone in the room to come forwards with any questions and stories to share. Despite their diverse backgrounds and beliefs, I felt that patients were extremely supportive

of one another and their tales were empowering. It made me appreciate the great amount of help that they receive from doctors, nurses and support workers at the hospital. For some, their lives were debilitated by this disease and could not live the life they used to. They expressed embarrassment by the appearance of their skin and I could see they felt isolated from society. The doctor in charge of this session provided much support and empathy for these individuals. By simply talking through their issues, I believe this did much to elevate their spirits. This reminds us how important it is to treat the individual and not the disease, furthermore looking holistically at all aspects of their life to decide on what treatment and support is most suitable for them.



*Ward beds in HKL's dermatology department*

Outside of the outpatient's clinics, I took the opportunity to help on the ward with jobs and participated on daily ward rounds with local medical students. Here, I was able to see many various and relatively rare conditions including Moyamoya disease, Stevens-Johnson Syndrome, DRESS syndrome, acute generalised exanthematous pustulosis and drug reactions. It was encouraging to see the expert knowledge that all doctors had in sensitively assessing and treating patients, in addition to the modern and available facilities on hand to provide optimal care.

Overall, this elective has been a valuable opportunity for me to experience practising medicine in a different country, and I hope it may encourage others to do the same. I am inspired to further my career in dermatology, with an interest in leprosy and communicable skin diseases. In the future, I hope to be able to travel to different parts around the globe, especially rural areas, where improved healthcare is in demand. Counselling for patients with chronic dermatological conditions should also not be overlooked, as I have seen the ways in which it has been used to uplift an individual and provide much needed support.