



**British Association of Dermatologists  
Elective Prize/Project Grant Summer 2021**



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This summer I have been fortunate enough to spend 5 weeks with the Dermatology and Lymphovascular Medicine department at St George's Hospital as part of my elective. As there is limited clinical exposure to the specialty across the undergraduate medical curriculum, my aim was to get practical experience within the specialty by attending both dermatology and lymphoedema clinics at the hospital. Over the 5-week period I was able to develop my dermatology history taking and dermoscopy skills, as well as further understanding of medical and surgical treatment pathways for various skin conditions. Attending general dermatology, biologic, paediatric dermatology and joint plastics/radiology/dermatology clinics meant that I was able to develop a general understanding of dermatology and see more complicated and niche presentations. I also had the opportunity to join the consultant whilst carrying out minor operations, which highlighted the variety within the career. St George's is known to be a tertiary lymphoedema centre delivering national services, so I was provided with a unique opportunity to develop my understanding in this sub-specialty of dermatology. I saw how patients from across the country who had suffered from lymphoedema receiving a diagnosis for and explanation for symptoms they had suffered from throughout their life. As well as allowing me to read around various genetic syndromes that predispose patients to lymphoedema, I also saw the importance of receiving a definitive diagnosis to patients.

My elective also had a research element where I was able to help to explore the link between cellulitis and lymphoedema across the hospital. This study was a retrospective case series where data was collected for all patients presenting to the cellulitis clinic over a 12-month period, in order to determine whether lymphoedema was investigated for as it may have contributed to their presentation. This is because lymphoedema is understood to be one of the strongest risk factors in the development of cellulitis, and so it is important for these patients to be started on long-term antibiotic prophylaxis to reduce the risk of cellulitis. To do this the underlying cause of the cellulitis must be investigated for an identified. Patients presenting with cellulitis should therefore be investigated for lymphoedema, so that they can be started on long term prophylactic antibiotics to reduce the risk of cellulitis recurrence. We found that lymphoedema was previously diagnosed in 9.5% of patients presenting with cellulitis, and 56% of patient with known lymphoedema presented with recurrent cellulitis. A thorough examination looking for lymphoedema and clear documentation of this are therefore required for patients presenting with cellulitis, as both a cause and consequence of cellulitis

Lymphoedema is known to be one of the strongest risk factors in the development of cellulitis, and so it is important for selected patients to be started on long-term antibiotic prophylaxis to reduce the risk of recurrent cellulitis. Comorbidities and risk factors for developing cellulitis needs to be assessed and managed. In our patients with chronic lymphoedema presenting with recurrent episodes of cellulitis, antibiotic prophylaxis should be considered.

I would like to also express my gratitude to Professor Kristiana Gordon, Dr Bernard Ho and the Dermatology team at St George's Hospital for their support throughout my elective, as well as to the British Association of Dermatologists for their support through this project and elective period.