

ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

1. Describe the pattern of sun-related skin disease in Mauritius and how common solar dermatoses are managed in Mauritius?

During my journey in Mauritius I spent time in the dermatology department with Dr Paurobally. During my clinic visits I was able to observe a variety of skin pathologies, which are also seen in the United Kingdom.

However, I observed a greater degree of sun-related dermatoses and less eczema-related diseases in comparison to the United Kingdom. Firstly, I observed a great deal of patients with multiple seborrhoeic keratoses and actinic keratoses in patients all type of skin. Both actinic keratoses and seborrhoeic keratoses were more common in patients with blue eyes, blonde hair and fairer skin. These were found across the sun exposed sites particularly the dorsum of the arms, upper aspect of the trunk and the face.

As well as seeing an increased incidence of benign skin lesions in mauritius, I also saw an increased incidence of malignant skin lesions. This was most commonly basal cell carcinomas. These were most commonly found on the face and the upper chest as these had the greatest amount of sun exposure typically in fairer skin patients.

During my time at medical school I have learned how systemic lupus erythematosus. Whilst I was sitting with Dr Paurobally I was fortunate enough to observe several women with SLE and Sjogren's syndrome. One lady had a characteristic butterfly rash with a discoid rash over the sun exposed sites of the arm. Another patient was suffering from pulmonary hypertension and a leg ulcer secondary to their SLE. This was particularly interesting as features of skin features of SLE can be effected by sun light. As a result, patients in Mauritius have a greater severity of skin-related SLE features as there is a greater degree of sunlight exposure.

During my time in Mauritius I also observed a greater degree on patients with fungal infections. This was particularly candida infections. This was common across patients with all types of skin and typically in-between the toes, the groin and body folds.

I was also able observe several patients who were suffering from acne rosacea and acne vulgaris. This was particularly affecting women. There was a similar incidence compared to the United Kingdom.

In conclusion, during my time with Dr Paurobally the dermatology clinic I was able to observe a wide variety of skin dermatoses. I noticed a greater incidence of sun-related diseases and candida fungal infections.

2. Describe how common surgical pathologies are managed in Mauritius in comparison to the United Kingdom?

During my time in Mauritius, I have had the opportunity to observe Plastic Surgery with Dr Crepet and some dermatological procedures with Dr Paurobally.

During my time with Dr Paurobally I observed Dr Paurobally use liquid nitrogen to freeze several benign skin lesions. Dr Paurobally taught me that when using liquid nitrogen you should hold the canister 1-2cm away from the lesion and only freezing the keratinised aspects of the lesion. It is also important to hold the canister upright for maximal effect. Mr Paurobally gave me ample opportunity to use practise using liquid nitrogen.

I also had the opportunity to shadow Dr Crepet, a cosmetic surgeon. I had the opportunity to observe several procedures. These included a rhinoplastic, breast augmentation and a face lift procedure. Whilst observing Dr Crepet in his clinic I found that a majority of his patients were tourists from France who had travelled to Mauritius for plastic surgeon. This was common practice as these surgical procedures were cheaper in Mauritius compared to France.

In summary, during my elective I have had ample opportunity to both observe and practice surgical skills. I will use these skills moving forward in my career.

3. Outline reasons for increased incidence of sun-related skin disease in Mauritius in comparison to the United Kingdom?

During my time in Mauritius I have observed a greater incidence of sun-related dermatoses both benign and malignant lesions. This is due to a greater duration and intensity of sun exposure in Mauritius compared to the United Kingdom. In addition, patients either do not use sun screen lotion or use sun screen lotion with a low sun-protection factor. This does not provide enough protection from the sun's UV radiation, hence increasing the incidence of sun-related dermatoses. This increased sunlight exposure also contributes to an increased likelihood of patients with SLE having a photosensitive rash.

I have also noticed an increase in the incidence of candida fungal infections in patients in Mauritius. This occurs as Mauritius has a warmer climate resulting in more perspiration. This moisture created from sweating creates an ideal environment for fungi already on the skin to proliferate and cause local skin and nail infection. This is particularly common in skin folds and in between the toes.

I have also observed several women with acne. The likelihood of a patient developing acne depends on a multitude of factors. These factors can include family history, hygiene and hormonal influences. In addition, due to the warmer climate in Mauritius patients perspire more. This results in sweatier and greasier skin, which can block skin pores resulting in the development of acne.

4. To improve surgical skills and techniques?

During my time in Mauritius I have been able to practise some surgical techniques. During my time with Dr Paurobally I was able to learn and practise using liquid nitrogen to freeze benign skin lesions.

I was also able to observe and practise surgical techniques with Dr Crepet. I was able to practise simple interrupted suturing, removing sutures and changing dressings post-operatively.

These are skills I will continue to develop and take with me during the rest of my medical career.