

ELECTIVE (SSC5c) REPORT (1200 words)

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

1) Discuss the pattern of dermatological disease in Prague and how this differs from the UK

I spent my elective at the dermatology department of the Royal Vinohrady University Hospital, which is a public teaching hospital in Prague, Czech Republic. They manage patients from Prague as well as other regions of the Czech Republic, thus providing me with exposure to a wide spectrum of dermatological disease. In the inpatient ward the most common conditions that I encountered were acute exacerbations of chronic disease. These included ulcers, psoriasis, eczema and bullous pemphigoid. Various skin infections, such as erysipelas and impetigo were also relatively common. Less severe forms of chronic skin conditions were also seen in the outpatient clinics. Additionally, various types of skin cancers were relatively common. Patients frequently attended the clinics to have their skin examined for the presence of these lesions. In addition to the large number of patients attending for melanoma screening in the Czech Republic, I saw a greater variety of dermatological disease during my elective than what I saw on my dermatology placement in the UK. However the pattern of patients and disease is generally similar in the Czech Republic when compared to the UK.

2) Discuss how dermatological services are provided in the Czech Republic and contrast this with the UK

Similarly to the UK, there is a universal health care system in the Czech Republic. This covers most dermatological services, with the exception of cosmetic procedures. The hospital that I was based at is a public hospital where the dermatology department provides both inpatient and outpatient care. The outpatient clinics accepted patients both with and without a referral from a GP. Patients who are willing to wait up to several hours could also be seen without an appointment. This makes publicly funded dermatology more easily accessible in the Czech Republic than in the UK, where appointments are generally required with longer waiting times.

Although the hospital that I was at is a public hospital, there are also a large number of private clinics and private hospitals providing dermatology services in the Czech Republic. Despite being privately owned, a large portion of their funding comes from the public health insurance system. Many of these clinics also perform a greater number of cosmetic procedures. In contrast, during my time on my UK dermatology placement I encountered mostly public hospital based dermatology with a significantly less options for NHS patients to attend private hospitals and clinics.

3) Discuss the management of dermatological cancers in the Czech Republic

During my time at the skin cancer clinic, I observed the management of various skin cancers. Premalignant lesions such as actinic keratoses were very common. The treatment for these that I learned about included cryotherapy and photodynamic therapy as well as various topical medications. There were also a number of basal and squamous cell carcinomas, which were mostly treated in theatre by excision.

A large emphasis is placed on early detection of malignant melanoma. During my time spent in the outpatient clinics, I saw a large number of patients who came in to have their skin inspected for cancers. Digital dermatoscopy was used to image the more suspicious appearing lesions. Images of

lower risk lesions were saved in order to allow the regular monitoring of these lesions for dysplastic changes. Patients with higher risk lesions are sent to the operating theatre where the lesions are removed and sent for a histological analysis. If a melanoma is confirmed, these patients are often sent for re-excision of the lesion in order to ensure that all of it has been removed. Further testing is done to detect metastases. This includes blood tests, chest x-ray, abdominal and lymph node ultrasound. The presence of an affected sentinel lymph node is detected with the use of lymphoscintigraphy. The lymph node is analysed in order to determine if the melanoma has metastasized. Further treatment that I learned about included the use of chemotherapy and immunotherapy for the management of certain patients. Patients who have a history of malignant melanoma also usually attend the hospital more frequently for screening.

4) Develop skills in the diagnosis and management of dermatological disease

During my six weeks at the dermatology department, I was able to develop my skills in the diagnosis and management of many dermatological diseases. The staff at the department was always willing to teach and get me involved as much as possible. At the inpatient ward, I attended daily ward rounds where I learned about the management of the most acutely unwell patients. These hospitalisations were most commonly for the treatment of exacerbations of a chronic skin disease. I would also frequently clerk the new patients, which was quite challenging to do in a different language than the one I was accustomed to using. I also regularly attended outpatient clinics where I was able observe a wide range of conditions. In the operating theatre I improved my ability to perform biopsies, cryotherapy, excising various skin lesions and suturing. I also attended several teaching sessions, including a grand round. Every week I also attended a clinic run by the senior dermatologist where more complex patients were managed.

Learning to distinguish between various benign skin lesions and skin cancers was one of my main aims for this elective. For this purpose I found it particularly useful to participate in a melanoma screening event that the dermatology department had organised known as the Tent Against Melanoma. A marquee was set up in central Prague in order to both educate the general public about skin cancers and to perform skin examinations on anyone who wanted their skin checked for signs of skin cancer. This event allowed me to examine the skin of a large number of patients. With the aid of a dermatoscope, I had the opportunity to observe several melanomas, basal cell carcinomas and squamous cell carcinomas.