

Medical Elective in Iquitos

Objective 1

Learn what the most prevalent conditions in Iquitos are and how these differ from the UK

I completed the second part of my elective (2 weeks) in Iquitos, at Hospital Regional de Loreto. I witnessed and discussed with the students and doctors the common conditions in the region. Similar to the UK, diseases such as hypertension, diabetes, and liver disease were common. Diet in the region plays a big role in the prevalence of such conditions. Although a city surrounded by the Amazon rainforest, it is fairly developed and is the sixth most populated city in Peru. Given this it has many restaurants and street food vendors. Diabetes was especially seen on my placement; in fact severe complications of diabetic foot were seen on the infectious diseases ward. Common reasons for death in the region include cerebrovascular accidents and myocardial infarction not unlike to the UK.

According to the World Health Organization, the top 3 common causes of death in Peru in 2013 were lower respiratory tract infection, ischemic heart disease and stroke respectively. In the United Kingdom the top 3 common causes of death in 2012 were ischemic heart disease, stroke, and, trachea, bronchus and lung cancers. Two of the top 3 causes in both countries are the same.

Other conditions that I saw that aren't necessarily seen or seen as commonly in the UK are marasmus and kwashiorkor with pellagra, and snake bites leading to extensive damage. Another interesting paediatric condition I saw and learnt about was holoprosencephaly.

In paediatric accident and emergency as well as resus, I saw many children with bronchiolitis. Other cases seen in accident and emergency included hypertensive crises, decompensated heart failure and bowel obstruction.

Objective 2

Learn about the healthcare system in Peru, specifically Iquitos if different to other regions in the country, and how this compares with the NHS.

The health care system in Peru is different to the National Health Service. 5 different systems work in Peru. The largest is provided by the Ministry of Health (60%). Hospital Regional de Loreto falls into this category. 30% is by EsSalud. The last 10% is formed up by the armed forces, national police and private combined together. The density of healthcare workers is different between Peru. Loreto, where Iquitos is, has less and the capital city Lima has the highest.

The hospital I was placed at was fairly developed although less so than the EsSalud one in Cusco. We also had the opportunity to visit the neonatal intensive care unit which was very similar to those seen in the UK. Many new-borns here had acute respiratory distress syndrome. Furthermore we were allowed to visit the labour ward and see a birth.

Objective 3

Learn about the common infectious diseases and what, if any, public health measures are in place in Iquitos and how these compare to other regions within Peru, as well as with the UK.

The placement on the infectious diseases ward was intriguing. Diabetic foot was always sent to the infectious diseases ward and we assisted in wound dressing changes. Infectious diseases we witnessed and learnt about were similar to those in Puerto Maldonado and included malaria, dengue, cellulitis, TB, meningitis, pneumonia and leptospirosis. Discussions about Zika virus and its link to Guillian Barre syndrome were held on the ward. Interestingly last month there were many cases of Zika and this month there were not many thus far. Paediatric infections included RSV and Moraxella for respiratory infections. Abdominal infections are also common and include parasites such as amoeba.

Tropical infectious diseases are generally common here due to the tropical climate created by the surrounding water and rainforest. Public health measures include government campaigns and education for communities and in school about malaria and other infectious diseases. Sprays and mosquito nets can be seen in homes.

Objective 4

Identify and learn from how the experience of interacting with patients of a different culture and language can help me with communicating with patients in the UK.

Spanish is the main language spoken with a few people knowing English. Communicating with patients was generally difficult with a language barrier but with the aid of English speaking doctors this is of course much easier. However, the language barrier teaches much about communication. Non-verbal cues such as facial expressions make some things very clear. However, retrospectively I think learning Spanish and then learning medical terms in Spanish would have allowed me to get more out of this placement as it is not always possible to find an English speaking doctor here.

Examining patients was possible and I gained much from this. Taking a history proved too difficult, however, I was able to ask some questions when I needed clarification. Over the course of the two electives I learnt and picked up on phrases and understanding words which helped the elective go more smoothly.


 DIRECCION REGIONAL DE SALUD - LORETO
 HOSPITAL REGIONAL DE LORETO
 "FELIPE ARRIOLA IGLESIAS"

 Dr. Ernesto Salazar Sanchez M.C.;N.C.;M.Sc
 Jefe del Dpto. de Cirugía
 Neurocirujano
 N° 9204 - RNE N° 2487