DEMONATOLDAY

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2<sup>nd</sup> May 2011 – 28<sup>th</sup> May 2011

St Lukes/ Roosevelt Clinical Dermatology.

## **Elective Report**

1. What is the pattern of dermatological disease in New York and how does it compare to average UK statistics?

During my time here I have shadowed the residents during clinics at 3 main hospitals: St Luke's, Roosevelt and Beth Israel. This has provided me with a wide range patients with a variety of skin conditions. There are numerous skin problems which are more common in the areas that I visited, they are:

- Hyper- or Hypo-pigmentation discoloration from acne or other conditions (e.g. Melasma, Vitiligo)
- Pseudofolliculitis Barbae -
- Scars (especially Keloids) excessive scar formation resulting from injury or surgery
  Ashy Skin (Xerosis) dry, sensitive skin requiring gentle skin care and strong moisturizers
- Dermatosis Papulosa Nigra –(Flesh moles) brown moles, most often located on the cheeks, that are common in African-American men and women
- Alopecia- Hair Loss especially hair thinning and breakage resulting from chemical relaxers, braids, and weaves
- Seborrheic Dermatitis -Itchy Flaky Scalp "dry," scaly scalp
- Acne and Acne Scarring
- Atopic Dermatitis (eczema)
- Psoriasis
- Vitiligo
- Tinea Capitis (Ringworm) a fungal infection that can cause flaking and hair breakage when it affects the scalp.
- Warts caused by human papilloma virus.
- Psychocutaneous conditions

## 2. Describe the pattern of health provision in the USA compared to the UK.

Health care in the United States is provided by many separate legal entities. Health care facilities are largely owned and operated by the private sector. Health insurance is primarily provided by the private sector, with the exception of programs such as Medicare, Medicaid, TRICARE, the Children's Health Insurance Program, and the Veterans Health Administration. Whereas, healthcare in England is mainly provided by England's public health service, the National Health Service, that provides healthcare to all permanent residents of the United Kingdom that is free at the point of use and paid for from general taxation. Since health is a devolved matter, there are differences with the provisions for healthcare elsewhere in the United Kingdom. Though the public system dominates healthcare provision in England, private health care and a wide variety of alternative and complementary treatments are available for those willing to pay.

## 3. To develop knowledge on the diagnosis and management of dermatological disease.

By attending clinics and shadowing the residents, I have had the opportunity to observe investigative procedures such as biopsies — core/shave, serological tests, patch and photo-patch testing. I have attended several teaching sessions including a grand round which deepened my knowledge in diagnosis of cases with unusual presentations. I have also learnt about how these conditions are managed using topical, oral and injection therapies. Moreover, I have observed cryotherapy; laser technology (pulse dye and excimer) and UV light (narrow band and PUVA) in treatment of certain skin disorders. Furthermore, I have observed cosmetic procedures such as botox injections, chemical peels, removal of skin tags, fillers, laser hair removal etc.

 To explore working in the USA as a doctor through increased clinical experience and to establish links with clinicians here.

I feel that this placement has been invaluable in confirming my desire and aspiration to specialize in Dermatology. I hope that this experience will help me with my future plans.