

RECOGNIZING NEGLECTED TROPICAL DISEASES THROUGH CHANGES ON THE SKIN



BURULI ULCER CUTANEOUS LEISHMANIASIS POST KALA-AZAR DERMAL LEISHMANIASIS LEPROSY LYMPHATIC
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A TRAINING GUIDE FOR FRONT-LINE HEALTH WORKERS

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Recognizing neglected tropical diseases through changes on the skin: a training guide for front-line health workers.

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1. INTRODUCTION

The skin of a patient is the first and most visible structure of the body that any health-care worker encounters during the course of an examination. To the patient, it is also highly visible, and any disease that affects it is noticeable and will have an impact on personal and social well-being. The skin is therefore an important entry point for both diagnosis and management. Many diseases of humans are associated with changes to the skin, ranging from symptoms such as itching to changes in colour, feel and appearance. The major neglected tropical diseases (NTDs) frequently produce such changes in the skin, re-enforcing the feelings of isolation and stigmatization experienced by patients affected by these diseases. Indeed, these are often the first signs that patients will notice, even before changes in internal organs or other systems occur. The following NTDs all have prominent skin changes at some stage in their evolution.

Purpose of this guide

This training guide explains how to identify the signs and symptoms of neglected tropical diseases of the skin through their visible characteristics. It also contains information on how to diagnose and manage common skin problems that front-line health workers may encounter.

Target audience

The guide is intended for use by frontline health workers without specialist knowledge of skin diseases. Pathways for more detailed investigation and/or management are described but, often, this will involve referral to a specialist service.

2. NEGLECTED TROPICAL DISEASES OF THE SKIN

This section summarizes the characteristics of the major neglected tropical diseases of the skin, or the so-called skin NTDs.

2.1 Buruli ulcer

Buruli ulcer is an infection mainly affecting the skin caused by *Mycobacterium ulcerans*. The mode of transmission is not known, although in many cases there is associated exposure to rivers, streams or wetlands. The first changes are often raised lumps on the skin that subsequently ulcerate. These ulcers are usually single and large, with a yellowish surface appearance and an underlying red moist base; sometimes 2–3 ulcers may appear. The edges of the ulcer are often undermined, making it is easy to insert a blunt probe for a short distance underneath it. During the early stages of infection, extensive swelling may extend around the emerging ulcerated area; this is characteristic of Buruli ulcers. Most patients living in areas where the disease is endemic are children aged under 15 years. **Fig.1.**

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