



TELEDERMATOLOGY

## TELEDERMATOLOGY: A SATISFYING EXPERIENCE!

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Background: Nepal is a mountainous country where rural places lack basic health facilities not to mention the sub- speciality. This experience focused on the utmost importance of tele dermatology in our setting.

Observation: A 45 years old male was admitted to a Chaurjahari hospital in a remote region of Nepal with multiple non-healing ulcers on the extremities for the last one year. Multiple medical centers were consulted for the condition. Patient was prescribed different antibiotics without relief. A biopsy done showed only non-specific inflammatory changes. When all else failed, patient also resorted to traditional healer which was neither effective nor cheap with sacrifice of multiple goats and chicken.

But when the conditioned deteriorated, patient decided to seek consultation in this hospital due to location close to his home. When no trial of antibiotic worked, they decided to do a repeat biopsy and start on anti-tubercular medications(ATT).

By this time, patient was bed-ridden and depressed. Even on completion of intensive phase of ATT no significant changes were noted. I was asked on an opinion with few pictures on viber causally. My first impression was pyoderma gangrenosum. We decided to start on oral steroid @ 1mg/kg/day. Interesting but confusingly, the repeat biopsy reports were suggestive of tubercular ulcer. Despite being in dilemma, we still decided to continue same treatment. Gradually by the fourth week of prednisolone, both ulcer and pain gradually decreased. In few more weeks, once bed ridden patient started walking and was discharged. Patient returned joyous and gratified a month back.

Key message: Teledermatology is useful in reducing both morbidity and mortality in country like Nepal with no proper road access.

Price of consultation: none

Diagnosis: inconclusive

Result of consultation: life-saving

