

TROPICAL DERMATOLOGY

CAN EUROPE LEARN FROM AFRICA?

A Morrone $^{(1)}$ - F Dassoni $^{(2)}$ - V Padovese $^{(3)}$ - A Scarabello $^{(4)}$ - G Barnabas $^{(5)}$ - A Cristaudo $^{(6)}$

San Gallicano Dermatological Institute, Scientific Direction, Rome, Italy ⁽¹⁾ - Azienda Ospedaliera Della Provincia Di Lecco, Dermatology, Lecco, Italy ⁽²⁾ - Mater Dei Hospital, Genito-urinary Clinic, Valletta, Malta ⁽³⁾ - San Gallicano Dermatological Institute, Clinic Dermatology, Rome, Italy ⁽⁴⁾ - Tigray Health Bureau, Head Research, Addis Abeba, Ethiopia ⁽⁵⁾ - San Gallicano Dermatological Institute, Clinic Dermatology, Rome, Italy ⁽⁶⁾

Introduction: Skin disease is very common in developing countries and is even more prevalent in developing countries (up to 80%

in studies carried out in Africa), being among the most common health problems seen in primary-care settings.

Obiective: we aimed to described the cases of Skin Diseases among patients attending the Italian Dermatological Centre (IDC) in Mekelle, and the Maiani District Hospital (MDH) in Sheraro, the northern region of Ethiopia, between January 2006 and December 2017.

Materials and Methods: we retrevied case characteristics from the medical records at the ICD and MDH that take referrals of complex dermatological cases from all peripheral health units of Tigray region.

Results: from January 2006 to December 2017 we have performed 91,463 visits. The leading causes of outpatient attendance were eczema, mycosis, scabies and acne. Since the most common and readily treatable skin diseases are related to household crowding and lack of hygiene, i.e. conditions reflecting low socio-economic status, they are considered to be important contributors to the 'disease profile of poverty' and, in general, to health inequalities.

Conclusions: cost-effective interventions are available to reduce the burden of skin disease. The control of skin disease should be considered a public health priority and included in strategies for health-sector development and poverty reduction. The experience in Tigray indicates that training non specialized health workers significantly improves their skill in managing common skin diseases and in referring complicated cases. This shows that skin diseases can be treated in a cost-effective way in peripheral health units such as health centres if support is provided by a specialist centre for training, supervision and referral.





