



TROPICAL DERMATOLOGY

## GLOBAL OUTREACH IN RURAL ETHIOPIA: THE LUXURY OF SHOES

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**Background:** Elephantiasis is defined as the gross enlargement of an area of the body. It is caused by chronic lymphatic obstruction, the exact etiology of which can vary. The differential includes lymphatic filariasis, a vector-borne infection, and podoconiosis, an inflammatory reaction to silicate irritants in soil causing collagenization of lymphatic vessels. Podoconiosis is unique among tropical diseases as it is non-communicable and preventable. It is found in higher altitude regions of Africa, of which Ethiopia has the highest disease burden.

**Observation:** An approximately 50-year-old Ethiopian male patient presented to our mobile clinic in Aleta Wondo with bilateral leg swelling of nearly two decades. We noted frank disfigurement of both feet, including multiple firm nodules with superimposed verrucous growths, hyperkeratotic papillomas, and non-pitting edema bilaterally. Numerous hypopigmented patches were present on affected areas associated with diffuse burning pain and pruritus. Lesions were non-tender and without evidence of active infection. There were no similar lesions elsewhere on his body. The remainder of the physical exam was grossly normal. We saw multiple patients at this clinic with identical presentations; notably, all patients' symptoms were bilateral and confined to lower extremities and feet.

**Key message:** There were many factors to suggest that this was not the more common infectious lymphatic filariasis. This patient had previously failed multiple treatments with albendazole and ivermectin, a regimen known to suppress microfilaraemia. Additionally, the patient's symptoms were bilateral and symmetric, whereas most filariasis cases are unilateral. This patient had diffuse hypopigmentation, whereas filariasis patients typically find black hyperpigmentation. These aspects, as well as the symptomatology of our other patients, led us to consider that the gross elephantiasis was due to an environmental versus infectious cause. Future interventions included education on lymphedema regimens to mitigate obstructive symptoms, as well as foot care, as simply wearing shoes can prevent podoconiosis.

