

# Elective Report

Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health.

When planning the trip to the amazon I imagined turning up to see a number of rare and unique conditions. The region is renowned for a high prevalence of tropical disease. There was a major outbreak of dengue fever in 2010 in Iquitos (the hub into the Peruvian amazon). I was also expecting to encounter a large number of cases of malaria both acute and chronic disease. However after undertaking the elective I encountered very few cases of malaria and no cases of dengue fever. The main presentation was one involving musculoskeletal damage. Most of the male population presented with this, due to the type of work that they were taking part in. Another common presentation was headaches during the day. In many cases they were advised to rehydrate more while in the sun.

Another common presentation was benign parasitic infections. To help the various villages, patients were all given a dose of mebendazol as a prophylaxis at registration.

The presentations on the whole were very similar to those that would be seen in a GP. I found this to be a surprise given that I thought I would see a number of strange and foreign diseases. Given that I was so far away from home I found this to be substantially fascinating.

There were a number of strange presentations that we saw including gross ascites in a 21 year old. The limited medical equipment and expertise meant he had to take a boat back to Iquitos for further treatment and diagnosis.

Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries, or with the UK.

The local healthcare available to those along the Ampiyacu river was extremely basic. One of the many villages we saw had access to medications through a "centre de salud." Those closest to Iquitos were best served as they could take a boat to places with more resources. We were the main resource available to them which they acknowledged when we arrived to each village as a friendly greeting party. This was very noticeable in the way the patients presented to us with many complaining of ailments that had passed but still wanting treatment incase of recurrence.

There was a town called “Pevas” which was close to the start of the Ampiyacu river. This had a small clinic with a number of doctors as well as dentists. This however was not a replacement for a hospital with many patients being referred to Iquitos. The healthcare system is insurance based with a small fee needed at birth. While treatment of many conditions was free, it did not take into account the cost of travel to the hospital as well as accommodation and cover for family members. In many cases people are not registered at birth which made treatment later in life a more complicated prospect.

## Effects of malaria on the local population?

While we expected malaria to wreak havoc within the local population what we instead found was a low rate of occurrence. Malaria is one of a few diseases that the government will treat for free with or without the correct documentation (insurance, etc.) Very few of the patients we encountered had even been infected in the past.

## Reflection

While on this trip I felt I learnt a great deal. I gained a good understanding of medicine in remote areas. I also learnt how difficult modern medicine can be when treating complex cases without any medical equipment or tests.

While I imagined seeing many tropical diseases we only saw a few cases but it made me realise how these are some of the worst diseases to have in the most medically remote places in the world.

The elective also opened my eyes to expedition medicine, with a career in the field a very real subject.