

# Elective Report

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*What are the prevalent paediatric conditions in St Vincent's and how do they compare to illnesses prevalent in the UK.*

During my time on the paediatric ward here at Milton Cato, I found that acute asthma attack was the most prevalent condition that the children were admitted with, following this the majority of the remaining patients presented with dehydration as a result of diarrhoea and vomiting. This is very similar to prevalent conditions in England with the three most common causes of childhood hospital admissions in the UK being; breathing difficulty, febrile illness and diarrhoea +/- vomiting.

The majority of patients, who attended the clinic, came with sickle cell disease. I somewhat expected this would be the case given that the disorder is more prevalent in Afro-Caribbean's. During my paediatric placement in the UK, I only saw one case of sickle cell anaemia so it was good to attend the clinic each week and learn more about the common presentations of sickle cell disease and how it is managed long term.

Two other interesting cases I saw during my time on the paediatric ward was a near-drowning case that had occurred on a crowded beach with no life guards on the May Day bank holiday. The other was a case of dengue fever in a four year old boy who had a history of chronic renal failure and presented with severe hyperkalaemia. Given that the transmission of the disease is through mosquitos, it is an extremely rare condition to present with in the UK. Those patients that are admitted with Dengue fever almost always have a past history of foreign travel.

*What provisional are available to those requiring medical/surgical procedures in Milton Cato Memorial Hospital and how do they differ to a DGH in the UK? Understand the difficulties faced trying to provide adequate care to patients with a lack of specialist equipment or provisions.*

Milton Cato is a small hospital situated in Kingstown, the capital of St Vincent's. The hospital has just over 200 beds and is the main medical centre for well over 100,000 people living on the island and surrounding Grenadine islands. As expected by the previous statistics there is a huge demand on the hospitals resources. The paediatric ward has quite a slow turnover of patients. A large number of the beds available have long-term patients being monitored or treated symptomatically. They are too sick to leave the hospital but resources aren't available to allow them to be treated effectively.

One such case is a four month old baby boy with biliary atresia which has progressed to cirrhosis with portal hypertension. The child's mother is an 18 year old who hadn't realised the severity of the baby's symptoms. By the time the baby presented onto the ward he was already showing signs of liver failure.

The baby requires a biopsy, which the hospital does not have the resources to perform and the baby's family cannot afford to take the baby to Barbados for the procedure. Therefore he remains on the ward awaiting a response from a US charity to determine whether they will donate the funds for the procedure.

One thing that did surprise me was that the hospital was able to provide chemotherapy to an 11 year old girl with Acute Lymphoblastic leukaemia. The girl had, had previous treatment in Chicago before returning to St Vincent's for the rest of her treatment. I think the difference in this case was that the patient's parents could afford to pay for her care. The child was put in an air-conditioned side room on her own, with one-to-one nursing care and even had numbing cream applied before cannulas were inserted. A completely different experience compared to the rest of the patients on the ward.

I think the difference in these two cases reiterated to me, that although it has its downsides we are lucky to have the NHS system, we have in place. In the UK, the baby with biliary atresia would have been monitored and the symptoms picked up by a midwife. He would have been investigated early and had surgery long before it progressed to cirrhosis. The reality of this case is that the baby is unlikely to survive long enough to even make the trip to Barbados should the charity respond, which we were told would be unlikely given the fact that his only management option is a liver transplant.

*Reflect on my time at Milton Cato Hospital, particularly in the paediatric department, compare to placements in the UK and discuss the effects it had on my decision to pursue a career in paediatrics in the future?*

I think travelling here to St Vincent's and spending time on the paediatric ward was a really valuable experience. It gave me the opportunity to put the knowledge and skills I've learnt over the past five years to good use and learn more about tropical diseases and conditions more prevalent in the Caribbean population. I found it frustrating at times that the lack of funds and specialist equipment that we take for granted in the UK, can mean the difference between life and death when they're not available. It was really refreshing to watch the children over the few weeks I've been here and see that no matter how far you travel, children are very resilient, yes they can deteriorate very quickly but they can be back on their feet, ready to play equally as quickly too.

In terms of working in paediatrics, I think it's a really interesting and worthwhile speciality. I've learnt so much both on my Paediatric placement and Neonatal SSC back in the UK, as well as huge amounts on my elective placement here in St Vincents and I definitely wouldn't rule it out as a future career.