TROPICAL PLASTIC SURGERY

Abstract_

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The pathologies in need of Plastic and Reconstructive Surgery in southern countries are more frequent than we can expect. They almost contribute to a fifth of whole tropical surgery service.

Amref's official reports state that about two third of patients served by plastic surgery projects in Africa are children. The pathologies are numerous: burns, very frequent in women and children, malformations, leprosy, polio, tropical ulcers, which give secondary deformities and disabilities in a late stage, and therefore are in need of reconstructive surgery. Besides we shall add tumors and trauma, frequently neglected, and particular phenomena located in one or more countries, like war tattoos in Sierra Leone or the attacks by sulphuric acid in Bangladesh, India, Pakistan. The main peculiarity of tropical plastic surgery is made by the environment, often difficult, in countries having different features, yet linked by poverty and lack of resources. It is important to underline that, as well as typical tropical diseases (ulcers, cancrum oris, leprosy etc.) also the pathologies shared with western countries (burns, congenital malformations etc.) come up with peculiarities due to the omitted therapy, often for many years. Therefore we face deformities and disabilities advanced and complex. HIV give a huge impact in surgical practice in tropical areas, so that reconstructive surgery has to be reviewed as well considering this important factor. Implant should be avoided in HIV positive patients and flaps and transplant should only be used if no alternative. Plastic Surgery will gain great significance next years in southern countries. Training will be very important, specially addressed to the rural hospitals staff, so that burns, trauma, and other diseases, by timely care, are not progressing to disabilities and deformities. Will occur, finally, to run projects in district hospitals, which will become a refer and permanent training center for nurses and doctors of rural hospitals.