

CLINICAL IMAGES

Eczema and foods

An 18-year-old youth had suffered from asthma, sinusitis and eczema since birth. The eczema involved all regions of the body. It flared up, especially on his face, when as a 15-year-old he began part-time work on Sundays in a bakery, checking that the eggs to be used were unfertilised. From the history I suspected flour or eggs to be the cause of his eczema.

Fig. 1. shows the severity of the eczema on the patient's face for the 3 years before his first consultation. He had received all the standard antihistaminic and cortisone drugs orally, parenterally and topically, including intravenous ultraviolet light therapy, without any improvement. Numerous medical practitioners, including dermatologists, ascribed his eczema to stress of the matric examination which he was to write at the end of the year. He had been assured that the eczema would clear after he had finished writing the exams. At the first consultation in the first week of September 2001, he was placed on an elimination and rotation diet¹ to identify whether any foods were the cause of his eczema. After only 1 week on the diet, improvement was clearly evident (Fig. 2).

Six weeks later, 2 weeks before he wrote his examination, the eczema had almost totally cleared (Fig. 3). The elimination diet



Fig. 1. Eczema in an 18-year-old youth which had worsened during the previous 3 years when he began checking eggs in a bakery to see if they were suitable for baking bread.



Fig. 2. The eczema after only 1 week on an elimination diet, showing absence of the red inflamed appearance and wetness.



Fig. 3. Six weeks later the eczema had almost cleared on his face. At this stage the patient did not need any oral or topical therapy.

118

SAMJ FORUM



Fig. 4. The patient's face remained clear for the next 6 months, except for two recurrences: the first after eating Nile carp to see if he still reacted to fish, and the second after eating a dish later found to contain fish ingredients.

identified that neither bread nor eggs, but a boiled, minced hake fish and carrot dish triggered his eczema. Carrots alone caused no reaction. The patient left to study overseas for 6 months. During that time he only had two further attacks: the first after eating Nile carp, to see if he still reacted to fish, and the second after eating a mixed dish containing fish ingredients, although the chef initially denied that the dish included fish. On returning to South Africa the eczema cleared completely from all over his body. A picture is worth a thousand words — his smile tells the story (Fig. 4). In addition, he was free of all other symptoms such as headaches, postnasal drip, wheezing, cough and symptoms of the irritable bowel syndrome, which he had suffered from most of his life. Initially, I suspected eggs or flour, but in my experience investigating foods as triggers in chronic illness, each individual case differs. In this case fish was the cause, despite the history.

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 Borok G, Segal I. The irritated gastro-intestinal syndrome: The role of dietary rehabilitation. South African Family Practice Journal 1991; 12: 520-527.

MEDICAL EDUCATION

South Africa's role in medical training in Malawi

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The opening of the College of Medicine of the University of Malawi, the country's only medical school, has been described elsewhere.^{1,2} The college opened in 1991, and by 2001 had trained 169 medical doctors.³ The College's philosophy is to inculcate a community-based awareness in its students, with

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The medical school produces between 16 and 23 graduates each year. In the early years of the College, Malawian medical students were sent to the UK, Australia and South Africa for their pre-clinical studies.⁴ All but three of these students have since qualified and are serving in the health sector in Malawi. We report on the experience of the Malawian medical graduates who attended the University of Cape Town (UCT) in South Africa between 1992 and 1995, and their roles in Malawi.

Prerequisites for medical training in Malawi

The Malawi College of Medicine recognises the following criteria as relevant prerequisites for a candidate to be considered for medical training:⁵ (*i*) a Bachelor of Science degree, preferably in the natural sciences; (*ii*) advanced-level credit passes in chemistry, mathematics and the biological sciences; or (*iii*) 2 years of university study in the sciences



<u>119</u>