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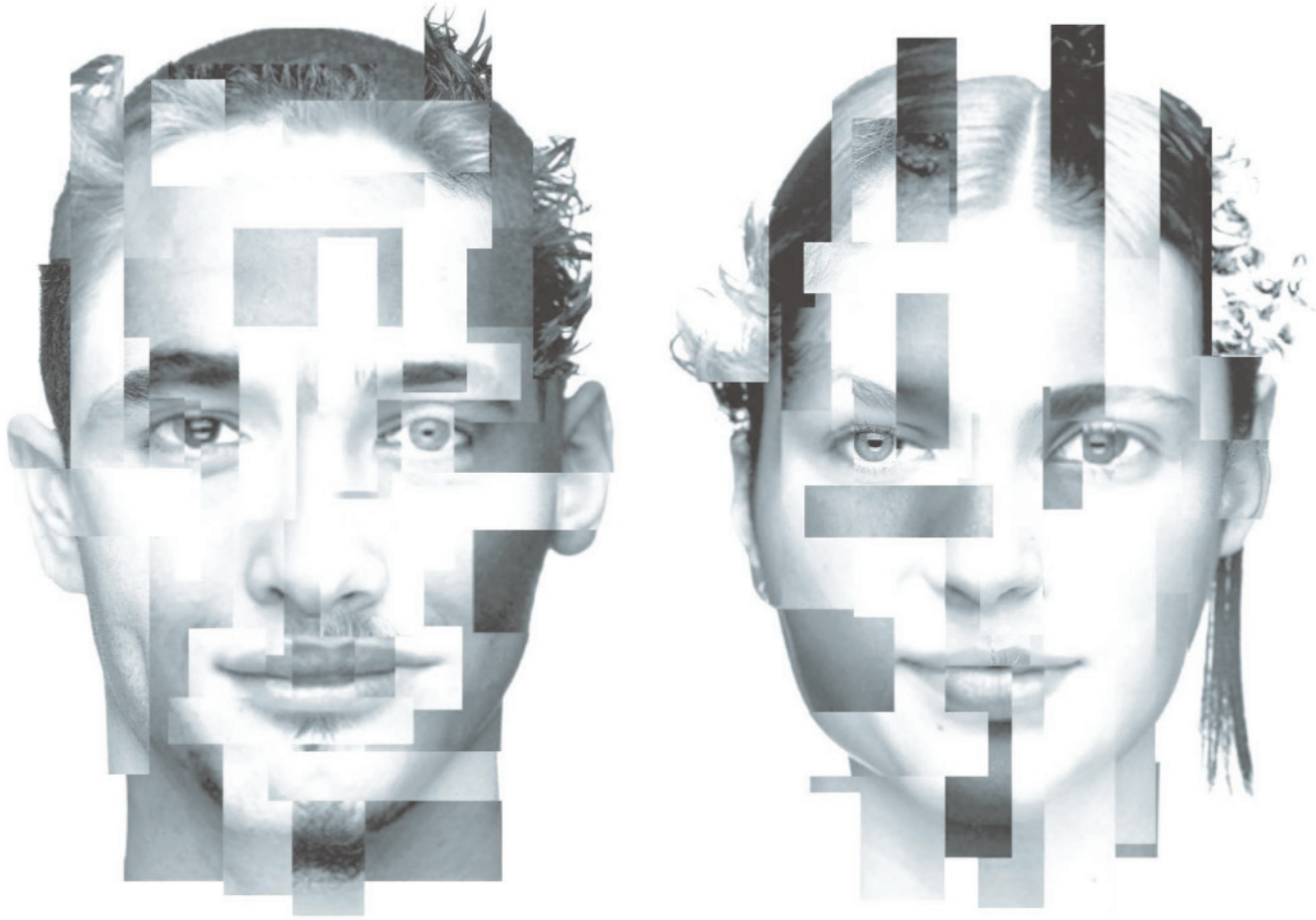
Journal of EMSA on Medical and Scientific Affairs 2004



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The author of the cover

Author: *Nora Mojas, Study of Design, Faculty of Architecture, University of Zagreb, Croatia*
Contact: *martha_lights@net.hr*

Nora Mojas is a very promising and talented young designer. Her work has been meritoriously accepted in Croatia. During her productive career as a designer, she has always been searching for a new way of expressing and creating reality. Her connection with her hometown Dubrovnik has always inspired her and given her plenty of motifs for her work. She likes to be thought of as "the goddess of superlights & the mother of good design".

About the cover (a comment by Nora Mojas and Divo Ljubicic)

The cover expresses individuality through multiculturalism. Style and colour selection indicate the purity and simplicity of medical profession, but at the same time the multilateral and multicultural unification of *Homo sapiens* through medicine. The creation of Adam and Eve, who are the symbol of our species, can also be connected to medicine, since medicine is directed towards human beings, and exists because of human beings.

The cover also presents EMSA with its potential and values. Unification of young people, medical students, through individuality, multinationality and multiculturalism from which EMSA arises as a phoenix, in one voice for Europe. United we stand, together we can.

JEMSA Edition 2004 would like to thank:

Carl Robert Blesius (Germany), Ana Borovecki MD (Croatia), Marjan Conevski (FYROM), Vladimir Galic (Serbia and Montenegro), Biljana Gjoneska (FYROM), Fiona Horneff (Germany), Dragan Ilic (Serbia and Montenegro), Katarzyna Klodnicka (Poland), Marina Kos MD PhD (Croatia), Vladimir Krstic (Serbia and Montenegro), Slavko Kuzmanovski (Serbia and Montenegro), Slobodan Lang MD PhD (Croatia), Davor Lessel (Austria), Divo Ljubicic (Croatia), Emon Farrah Malik (United Kingdom), Matko Marusic MD PhD (Croatia), Julia Mikic (Croatia), Gefsi Mintziori (Greece), Nora Mojas (Croatia), Melita Nesic (Serbia and Montenegro), Marieta Nikolova Ivanova (Bulgaria), Nikolina Radakovic (Croatia), Nick Kai Schneider (Germany), Anabela Diana Serranito MD (Portugal), Emre Sivrikoz (Turkey), Ajda Skarlovnik (Slovenia), Ozge Tuncalp (Turkey), Amanda Victorine Wong Zhi Yan (United Kingdom), Maja Vlahovic MD PhD (Croatia), Hrvoje Vrazic MD (Croatia)

CMJ - Croatian Medical Journal (Croatia) & Medical Publishing CO (Croatia)
Medical School, University of Zagreb (Croatia) & Croatian Medical Association (Croatia)

Credits

Editor:
Divo Ljubicic (Croatia)

Design, layout & pre-print preparation:
Hrvoje Vrazic MD (Croatia) & vrazic.com

Publisher: European Medical Students' Association (EMSA)
c/o Standing Committee of European Doctors (CPME)
Rue de la Science 41
B-1040 Brussels
Belgium

ISSN 0779-1577
Total Edition: 250

DIVO LJUBICIC (CROATIA)

MEDICAL SCIENCE DIRECTOR & EDITOR OF JEMSA

DIVO.LJUBICIC@DU.HTNET.HR

Letter from the editor

Respected colleagues, EMSA members,
Dear readers,

I am honoured to greet you on behalf of JEMSA Editorial Team and EMSA European Board. Hoping we will meet most of your expectations in this edition, we are presenting you one of the results of our work during the last year. As the Editor-in-Chief, I am pleased to have the privilege of being associated with JEMSA's progress. I would like to show my gratitude to the Editorial Board for their dedication, advice and critics; to Medical Science Local Coordinators for the promotion of JEMSA and their effort in collecting manuscripts and of course, to our beloved student authors, without whom nothing would have been possible and all our efforts would have been in vain. Without the authors, without a sufficient authors' pool, a journal cannot survive. Moreover, I have learned the authors are the best medium of journal promotion, because a pleased author comes back again and also spreads the news of a good new journal, recommends advertising in that journal, etc.

Special thanks to Hrvoje Vrazic MD for his invaluable contribution to designing and laying out this edition of JEMSA.

Cordial thanks to Medical School of University of Zagreb, Croatian Medical Journal (CMJ) and Medical Publishing CO, Croatia, who gave an outstanding input which was extremely needed to make JEMSA 2004 possible.

JEMSA started running on a long and difficult road of becoming recognised as a noteworthy journal. That means lots of hard work of the editors on working ethics, goals and policies, and the wisdom of finding the niche for the journal. With the editorial board and the editor-in-chief being elected annually, it is difficult to keep consistency of the journal, which is so important for the headway. For that reason I find the collaboration of previous and current editors to be of utmost importance.

A new visual identity has been introduced to JEMSA and we have tried to improve the general skeleton. This year, beside "Papers" section and "Life" section, we have created "From the pen of your EEB" section instead of "Personal" section, in order to improve communication of the EEB and EMSA Members which is very, very important for EMSA. We have also made a completely new section called "EMSA Action", in which we choose one of the important EMSA actions of last year.

In "From the pen of the EEB" section, you can read personal articles of EEB members, enjoy their adventures and have an insight into their problems, doubts and impressions. "EMSA Actions" is entitled "Anti-Tobacco!" in the light of EMSA's engagement for tobacco-free Europe. "Life" section brings us topics about the latest progress in dealing with the problems of Romany population in Bulgaria, an article about summer adventures in Dubrovnik, Croatia. Also, one subsection of "Life", called "By the choice of the Editor", brings a text about the history of medicine and urban culture in old Dubrovnik. "Papers and Reviews" is very specific this year, because the authors haven't shown that much interest in basic sciences, so this edition of JEMSA brings only articles from clinical science, which is also very indicative to the future editors to pay more attention in collecting more articles from the field of basic science. Articles in this section are of very high quality and the editorial team is very pleased. We would like to invite future authors to study JEMSA Guidelines more carefully, because they indeed provide a great help and guidance.

I hope you will enjoy reading JEMSA and help it to grow and become greater and more significant than it is today. It is upon you - EMSA members - to contribute and improve JEMSA, a journal which would become an indicator and pacesetter of scientific activity of medical students all over Europe, uniting young scientists under the same criteria at international level.

Cordially,

European Medical Students' Association
EMSA

Divo Ljubicic
Medical Science Director &
JEMSA Editor-in-Chief 2003/2004

Cutaneous tuberculosis in R. Macedonia during the period 1997 - 2003

Authors:
Biljana Gjoneska, Faculty of medicine, "Sts. Cyril and Methodius" University, Skopje, Macedonia

Menthor:
Ass. Dr. Lidija Goleva-Mishevska, Department of Dermatovenerology, Faculty of Medicine, "Sts. Cyril and Methodius" University, Skopje, Macedonia

Contact:
b1le@doctor.com

Aim. To study the relationship between cutaneous and systemic tuberculosis, and their correlation with war and postwar activities. A quantitative analysis of the documented number of CT and ST cases during the period 1997 - 2003 on the territory of R. Macedonia, and their respective growth as a consequence of the war and postwar activities.
Methods. During the course of this project we obtained data from official medical records from the "Clinic for Dermatovenerology" and the "Institute for tuberculosis and lung diseases" in Skopje, Macedonia. We used methods for standardized diagnosis protocol for CT.
Results. In the period between January and December 2002, there were 12 documented cases of CT (1.64% of the 730 documented cases of ST). This is a six-fold increase from the number of documented occurrences of CT during the period between 1997 and 2001 (average of 0.30% from the 650 documented occurrences with ST).
Conclusion. There is a need of additional medical check-ups and tuberculosis tests on the territory of R. Macedonia in order to discover all undocumented cases of ST. This is vital ingredient in the process of controlling and eradicating this infectious disease.

Key words: cutaneous tuberculosis; systemic tuberculosis; war; crisis regions; R. Macedonia; 1997-2003

Tuberculosis is an infectious disease caused by the bacterium Mycobacterium tuberculosis (slightly curved, sporeless, motile, obligate aerobic, Gram - positive bacterium) which affects one third of all humans. It appears in highly variable clinical manifestations. Cutaneous tuberculosis (CT) is a label for a wide group of skin lesions. It is rare, and yet a form of the disease that is of special interest to tuberculosis experts and dermatologists as well. This comes as a consequence of the fact, that CT most often manifests itself after previous and even more serious ongoing persistence of systemic tuberculosis (ST) in the affected organism. This is the reason why the incidence of isolated CT patients usually correlates with the incidence of isolated ST patients, during the period in question. In addition, the rate of occurrence of CT should be taken as an indicator of the social, economic and even political circumstances governing the region. The two hypotheses mentioned above, provide guidance in our field of interest and research.

MATERIAL AND METHODS

In this study we used methods for standardized diagnosis protocol for CT such as: 1. Specific clinical manifestations of the skin lesions (e.g. presence of apple jelly-colored dermal infiltrates); 2. Recovery and identification of the organisms by bacterial culture; 3. Demonstration of the presence of M. tuberculosis via PCR assays for specific DNA sequences; 4. Finally, compatible histopathology consisting of granulomatous infiltrates with caseation necrosis and the presence of acid-fast bacilli in the tissue sections were both suggestive, and were by no means pathognomonic of tuberculosis.

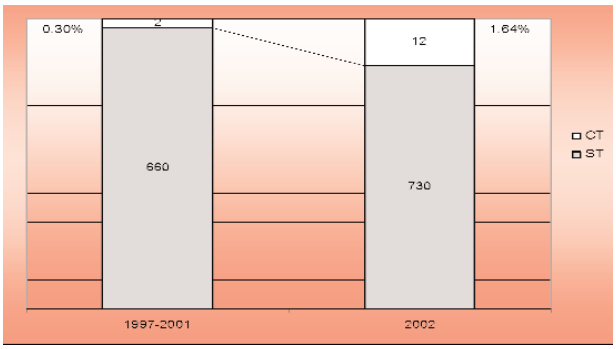


Figure 1. Six-fold increase from the number of documented occurrences of CT during the period between 1997 and 2001 (average of 0.30% from the 650 documented occurrences with ST)

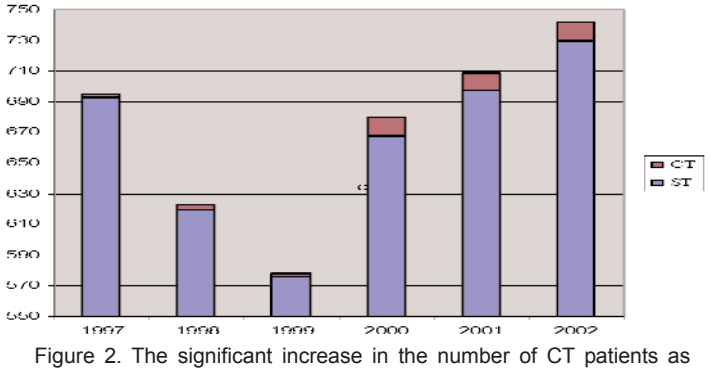


Figure 2. The significant increase in the number of CT patients as opposed to the marginal increase in the total number of ST patients followed in the period between 1997 and 2002

Table 1. The overall number of registered patients with CT and ST concerning each of the years in the period between 1997 and 2002

	1997	1998	1999	2000	2001	2002
CT	693	620	576	668	697	730
ST	2	3	2	1	2	12

During the course of this project we obtained data from official medical records from the "Clinic for Dermatovenerology" and the "Institute for Tuberculosis and Lung Diseases" in Skopje, Macedonia. The overall number of registered patients with CT and ST concerning each of the years in the period between 1997 and 2002, can be seen in Table 1.

RESULTS

During the period between January and December 2002, there were 12 documented cases of CT (1.64% of the 730 documented cases of ST). This is a six-fold increase from the number of documented occurrences of CT during the period between 1997 and 2001 (average of 0.30% from the 650 documented occurrences with ST), as seen in Figure 1.

The significant increase in the number of CT patients as opposed to the marginal increase in the total number of ST patients followed in the period between 1997 and 2002 is shown in Figure 2.

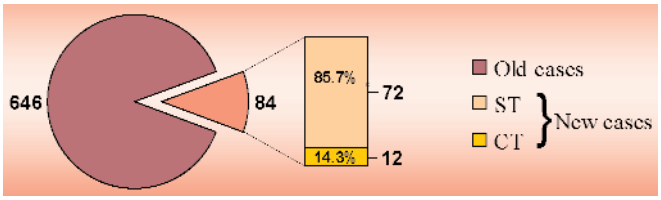


Figure 3. Out of the 730 documented cases for year 2002, 646 were previously registered, and 84 were new cases.

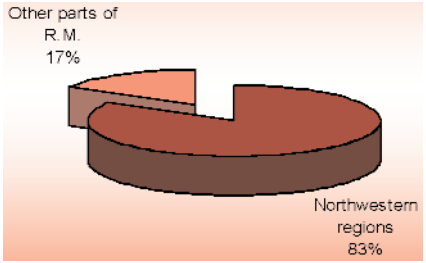


Figure 4. Out of the twelve documented cases with CT, 10 (83.3%) originated in crisis region (northwestern region)

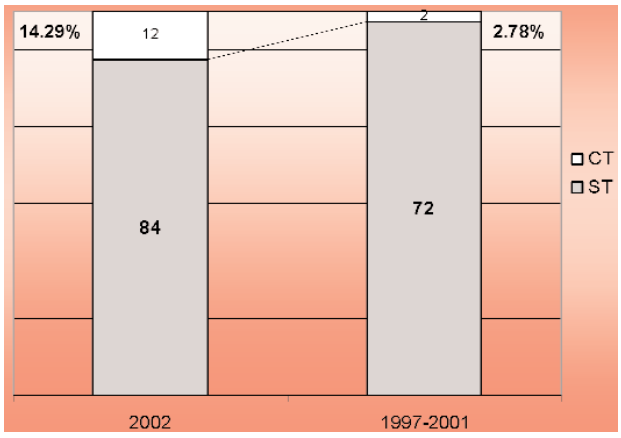


Figure 5. comparison between the number of newly registered cases with Cutaneous Tuberculosis and the total number of newly registered cases during the two relevant periods

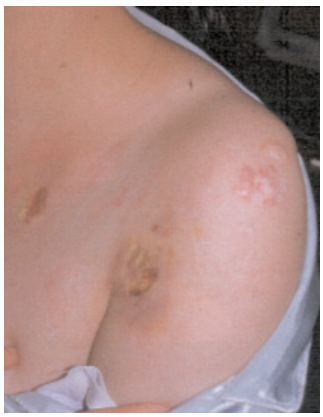
The significant increase in the number of CT patients as opposed to the marginal increase in the total number of ST patients followed in the period between 1997 and 2002 is shown in Figure 2.

Out of the 730 documented cases for year 2002, 646 were previously registered, and 84 were new cases. Figure 3 shows that 14.3% of the newly documented cases were patients diagonsed with Cutaneous Tuberculosis.

Out of the twelve documented cases with CT, 10 (83.3%) originated in crisis region (i.e. northwestern part of R. Macedonia), as seen on Figure 4.

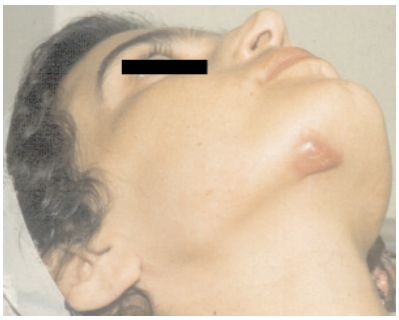
Figure 5 shows a comparison between the number of newly registered cases with Cutaneous Tuberculosis and the total number of newly registered cases during the two relevant periods (year 2002 as compared to the periond between 1997 and 2001).

RELEVANT CASE STUDIES FROM OUR CLINIC

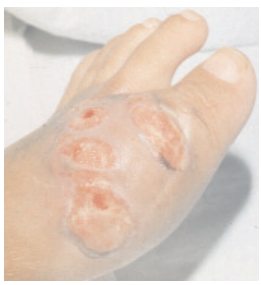


Picture 1: A 12-year-old female patient with post vaccinal BCG infection (Besegitis Colliquativa.) Clinical manifestation localized in the left shoulder area occurred one month after inoculation. Unilateral indolent, firm, non-tender, sharply-delimited ulcer, colliquation and necrosis. Scrofuloderma is evident as well.

Pictures 2 and 3: A 26 year old Albanian female patient with Tuberculosis colliquativa ulcerogummosa haematogenes et exogenes. Skin lesions became visible two years prior to hospitalization.

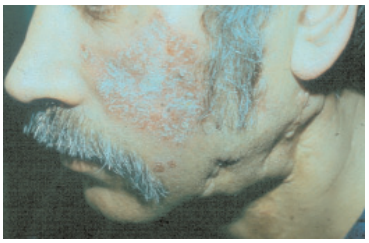


Picture 2: Skin lesion in initial stage - indurated, subcutaneous, cold and livid nodule, localized on the chin.



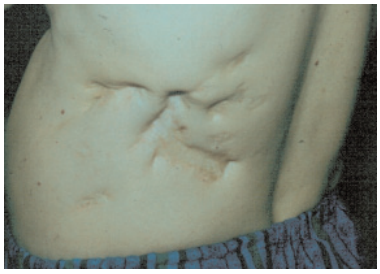
Picture 3: Skin lesion in the terminal stage - multiple, colliquative abscess that perforates the skin in the distal regions of the lower extremities.

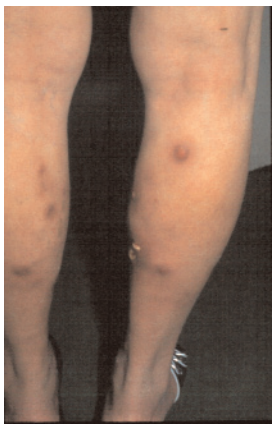
Pictures 4 and 5: A 40-year-old male patient diagnosed with Tuberculosis luposa sutis (Lupus vulgaris) with sequels of Tuberculosis colliquative cutis.



Picture 4: Plaques with a psoriatic scale, atrophy and polycyclic squamous configurations are evident on the photography.

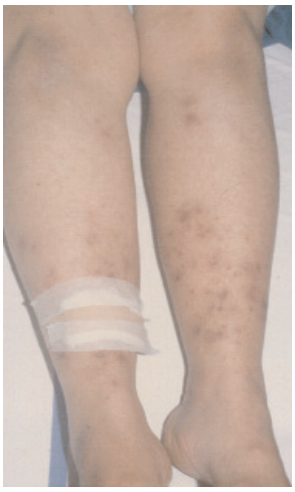
Picture 5: Sequels of Tuberculosis colliquativa cutis are manifested thrugh irreversible, cicatrized, contractile, thick skin lesions in the abdominal region.



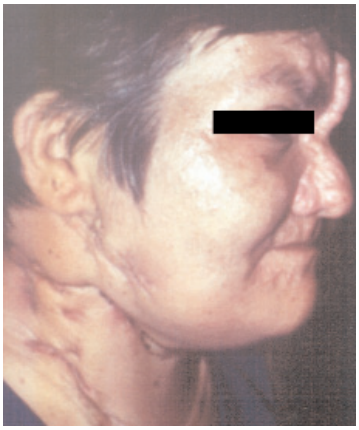


Picture 6: A female patient in her forties with a pasty constitution (typus rusticus.) - Erythema induratum (Bazin) - typical form.

Picture 7: The photograph presents obvious skin alterations that are localized in the pretibial areas characterized by erythematous, nodular, indurative, painless vascular lesions. A 37 years old female Albanian patient with pretibial areas characterized by erythematous, nodular, indurative, painless Tuberculosis papulonecrotica (scrofuloderma).



Picture 8: An older woman with TBC colliquativa and scleromyxoedema (Morbus Arndt - Gottron). TBC lesions are localized on the neck of the patient. On the photograph, we can see fistulous colliquative abscesses and deep contractive scarrings. TBC + Scleromyxoedema are evident on the same photograph.



DISCUSSION

In the months between January and December 2002, we noted a rapid increase in the number of CT occurrences opposed to a mild increase in the number of ST occurrences, in the crisis regions as well as other parts of the country. Having in mind that a rapid increase in CT should be accompanied by a rapid increase in ST (instead of a mild one), we hypothesized that there are other, undocumented cases of ST (more specifically, in the war afflicted regions where the increase in the number of CT occurrences has been most notable).

There is a need of additional medical check-ups and tuberculosis tests on the territory of R. Macedonia in order to discover all undocumented cases of ST. This is vital ingredient in the process of controlling and eradicating this infectious disease.

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