

TALE OF A WOMAN WITH STOMATITIS AND RESPONSE OF HEALTH CARE SYSTEM

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ABSTRACT

A 55 year-old housewife presented to the Family Medicine Clinic due to recurrent oral ulcers for a year. She also had generalized itching, weakness, anorexia and abdominal distension after meals. She had visited several practitioners including family physicians and sub-specialists but a diagnosis was not reached. She was diagnosed to have Lichen Planus and Hepatitis C at family practice clinic. Since a health care system does not properly exist, patients seek treatment from sub-specialists without first consulting a primary care practitioner. This report identifies a failure in health care system and it is also recommended that all patients should be first seen by a primary care practitioner.

KEY WORDS: Health Care system. Hepatitis C. Lichen Planus. Primary Care.

INTRODUCTION

A health care system with properly trained primary care physicians and secondary and tertiary level specialists is mandatory for ensuring delivery of appropriate health services to the population¹. A patient should be first seen by a well trained primary care practitioner. In Pakistan, high prevalence of Hepatitis C is reported². Patients with chronic Hepatitis C virus often have no symptoms but may complain of non-specific symptoms such as fatigue, muscle aches, anorexia, right upper quadrant pain and nausea³. An association is reported between hepatitis C virus infection and oral lichen planus^{4,5}. The possibility of liver disease caused by Hepatitis C virus should be ruled out in patients with Lichen Planus, especially in the erosive form⁶. A properly trained primary care practitioner with assistance from sub-specialists can effectively diagnose and treat patients with multiple complaints due to diseases involving several organ systems. A health care system is required to meet the healthcare needs of our people. In this report, a case of failure in our healthcare system is presented.

CASE REPORT

A 55 years-old housewife from District Rahimyar Khan, Punjab presented in April 2003, at the Family Medicine clinic for the evaluation of recurrent oral ulcers for a year. She had swallowed petrol by mistake and attributed her oral ulcers to the ingestion. She had visited several practitioners, both family physicians and sub-specialists at Rahimyar Khan, Multan and Lahore. After having no relief in her condition, she decided to visit Aga Khan University Hospital in Karachi for evaluation and treatment. She

was initially seen by an Ear Nose Throat consultant at our hospital, who referred her to our clinic. On further questioning, she complained of weakness, anorexia, abdominal distension after meals and pruritis. On examination, she had diffuse criss-crossing white striae and papules involving the buccal mucosa, lips, palate, gums and the floor of mouth. An annular skin lesion, 3 cms in diameter, with an area of central clearing was seen in the left upper abdomen. Her Serum SGPT was raised at 170 I.U/L (Normal =3-33). Hepatitis C antibody was reactive at 110.27 (Cut-off rate=1.000). The ultrasound examination of the liver was normal. A diagnosis of Lichen Planus with Hepatitis C was made. She was prescribed steroids for local application along with an anti-pruritic agent. She was referred to the Gastroenterologist for possible interferon therapy. She left for Rahimyar Khan to seek treatment thereafter a diagnosis was established.

DISCUSSION

A strong health care system cannot work unless and until we have a strong force of well-trained primary care physicians and back up support from secondary and tertiary level specialists⁷. In the case presented above, the patient suffered unnecessarily because the primary care physicians and sub-specialists were unable to diagnose the case. If we have properly trained and experienced primary care physicians with mandatory continuing medical education, such cases will be picked up immediately and followed up with shared care between primary care physicians and concerned sub-specialists. It has been shown that countries with well-developed primary care have better health indicators⁸. It is time that we start giving

due priority to the training and support of primary care physicians in the country.

This case highlights the failure of health delivery system to diagnose Lichen Planus and associated Hepatitis C in a patient. It is necessary to examine the factors that led to the failure to diagnose this case. Is it the lack of a strong primary care or is it the lack of integration of health delivery at the primary, secondary and tertiary levels? It is probably failure at both levels but studies are recommended to answer these questions.

CONCLUSION

A properly trained primary care practitioner with assistance from sub-specialists can effectively diagnose and treat patients with multiple complaints due to diseases involving several organ systems. A properly integrated health care system is also required to meet the healthcare needs of our people. Moreover, due to an increase in the prevalence of Hepatitis C, healthcare providers must always exclude it among cases presenting with Lichen Planus.

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