Family medicine in Africa

Our fellow generalists have shown realism and honesty combined with academic rigour about the difficulties they face in establishing family medicine in Africa (except in South Africa). The tendency to hope that family medicine will fill the gap in a continent with such a huge shortage of healthcare workers\(^1\) but it sounds as if it will make more informed and personal choices about their care (and may often decline care).

Terry Kemple,
Horfield Centre, Lockleaze Road, Horfield, Bristol, BS7 9RR.
E-mail: tkelpmek.demon.co.uk

REFERENCES


DOI: 10.3399/bjgp13X667105

Frostbite developing secondary to cryotherapy for viral warts

A 15-year-old male was referred by his local accident and emergency (A&E) department with dark blistered lesions over the sole of his left foot and palms of both hands. Eight days prior he had received cryotherapy treatment for viral warts by his GP.

Two days after the initial procedure the patient requested an emergency appointment at his general practice because of intense pain over the treatment sites and feeling generally unwell. He was informed the pain was a normal side effect of the treatment and was likely to last no more than 10–14 days. Four days later the patient, with worsening pain and feeling unwell attended an out-of-hours GP. The treatment sites were noted to have progressed into substantially larger lesions compared to the initial size of the warts. He was told to arrange an appointment with his own GP the following day for further review and urgent referral to the trauma and orthopaedics team.

The following day, after review in A&E, he was referred to the wound clinic at the hospital for the following day. On attendance at this clinic, now some 8 days post-procedure, the examining doctor made an urgent referral to the burns and plastic department for advice about further management given the unusual appearance and size of the lesions. The patient attended our department the same day.

On examination, dark grey/black fluctuant blistered areas were noted over the head of the metatarsal of the left great toe as well as over the calcaneum. Similar lesions were seen over the palm, volar index finger, and volar thumb of his right hand and over the palm and volar thumb of his left hand (Figures 1, 2, and 3). The overlying skin was cold to touch and insensate. The necrotic skin overlying the foot and toes was noted by the patient as being ‘tirny’ compared to the blistered areas. A diagnosis of frostbite secondary to cryotherapy was made. The wounds consisting of necrotic skin (epidermis and...