



Fondazione Ivo de Carneri ONLUS

«Pujini Project»

Semeiotics and Ultrasound in Pemba Island

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Pemba Island

Pujini Project

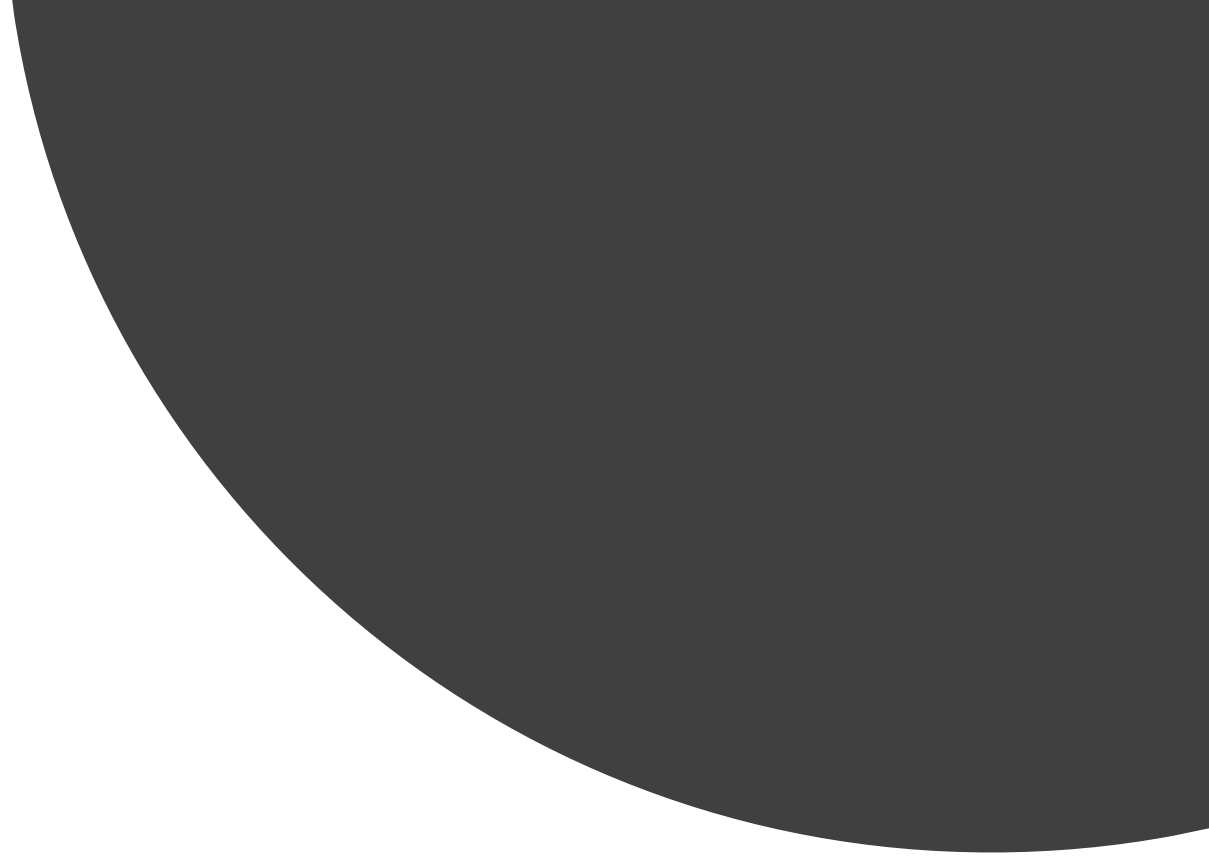
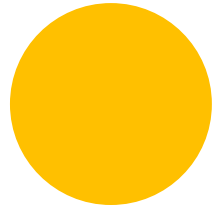
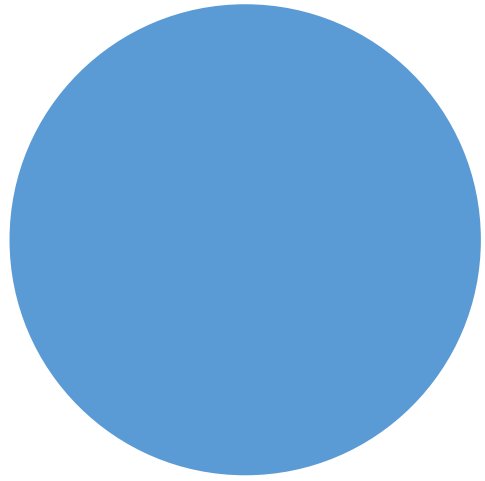
- Semeiotics
- Ultrasound



5 Clinical Officer of 4
PHCU and 1 Cottage
Hospital



Pujini PHCU+)



WHY?



SEMEIOTICS

(patient's history,
clinical signs)



ULTRASOUND



**IMPROVE
DIAGNOSTIC
CAPACITY**

Aim

**IMPROVE
DIAGNOSTIC
CAPACITY**



**CHANGE
MANAGEMENT
AND OUTCOME**

Participants

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ABDULLA

02

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MOH'A ALI

03

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BEG - 100
POLIO - 160
MEASLES - 90
PENTA - 150
PCV - 142
ROTA - 84
T.T - 100

KEY
● MEASLES 1
● MEASLES 2

Nov	Dec
	Walochariwa kwa mwezi
	Kwa mwaka hadi sasa
	Walochariwa kwa mwezi
	Kwa mwaka hadi sasa
	Walochariwa kwa mwezi
	Kwa mwaka hadi sasa



PROGRAM carried out from June 2016 to June 2018

15 weeks=90 days=510 hours

Where?	1 st PHL IdC	2 nd Chake Hospital	3 th PHL IdC
What?	<ul style="list-style-type: none">• US on normal subjects (frontal lessons, training)• Simulation and discussion of main diseases in Pemba Island (clinical cases) with regard to semeiotics	<ul style="list-style-type: none">• Training on the Job (working together)	<ul style="list-style-type: none">• Laboratory (urine analysis, stool examination, blood examination)
How long?	2 weeks (June 2016)	12 weeks (October 2016, March 2017, October 2017, February 2018)	1 week (June 2018)

15 weeks=90 days=510 hours

SEMEIOTICS AND US

- How is the sign of leprosy....?
- How is the normal lung in US...?
- How is the normal obstetrics in US...?

LABORATORY

- How to do urine analysis (stick and microscopy)
- How to do stool examination (direct examination, kato katz)
- How to do blood examination (rapid tests, thick and thin smear, sickling test)

TRAINING ON THE JOB IN CHAKE CHAKE HOSPITAL

Practice, Practice, Practice...WORKING TOGETHER...

HOW?

METHODOLOGY

- Patient's history
- Physical examination
- Brainstorming about reasonable diagnosis
- Focused **ULTRASOUND** and/or other diagnostic tests (lab, X ray)
- Conclusions and report

SEMEIOTIC

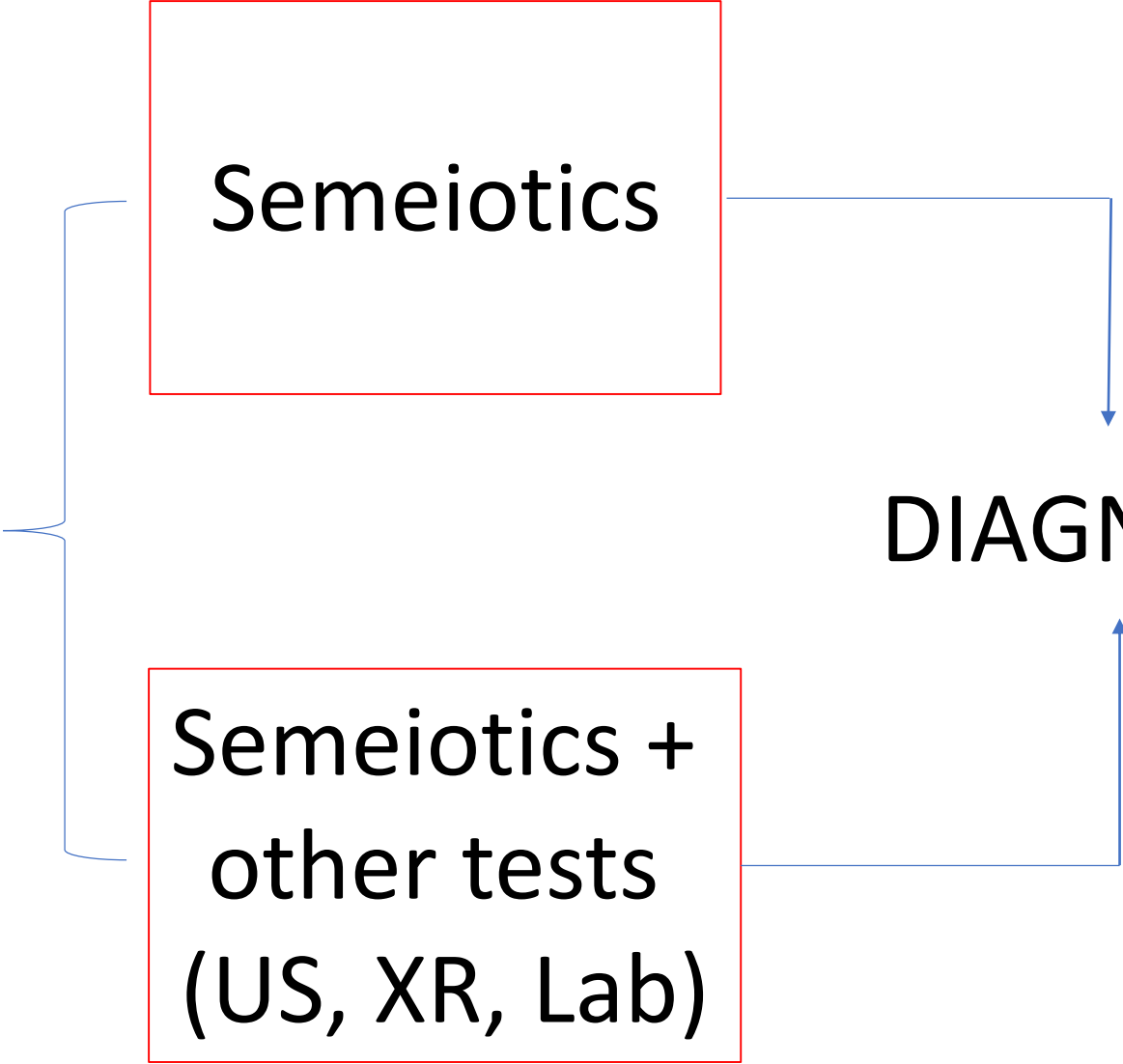


Example cases

Semeiotics

Semeiotics +
other tests
(US, XR, Lab)

DIAGNOSIS





What is it?

- Leprosy

What is it?

- Pott's disease





What is it?

- Noma. «The face of poverty».

SEMEIOTIC COULD BE NOT SUFFICIENT





- Midwife try to feel the head... she is not sure
- Midwife try to feel the heartbeat... she is not sure
- The UPT is Negative



Peritoneal effusion with bridges of fibrine and heoneyco mb-structure



TB chronic Peritonitis



15 days after anti-TB treatment

SEMEIOTIC COULD BE NOT SUFFICIENT

A strange case of swelling

Chake Chake Hospital, Pemba Island

History

Male 13 y

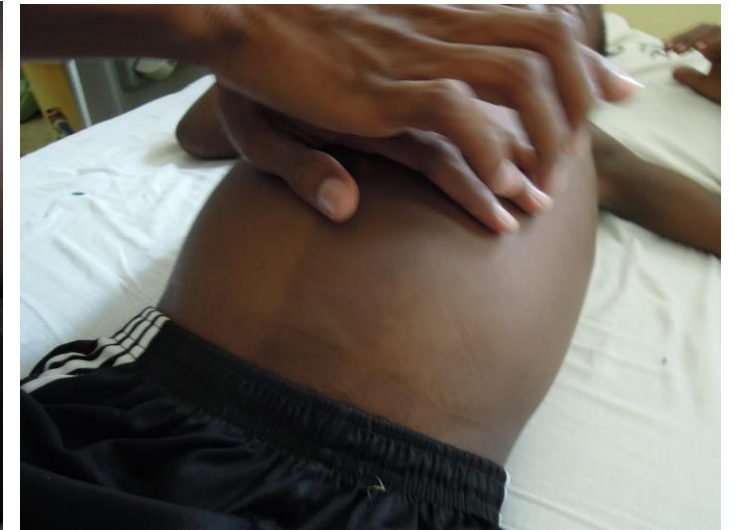
Recurrent swelling of
face and legs

Fatigue



Examination

- Swelling of the face
- Distended abdomen
- Pulse 80 bpm
- Regular cardiac activity, no murmurs, no crepitations, no jandice



Brainstorming

- Nephrotic syndrome??
- Heart failure?
- Liver disease?
- Malnutrition?

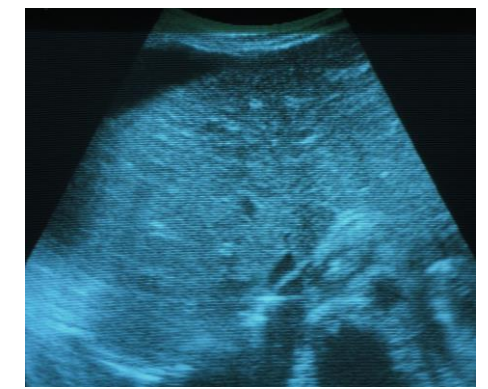




Urine analysis

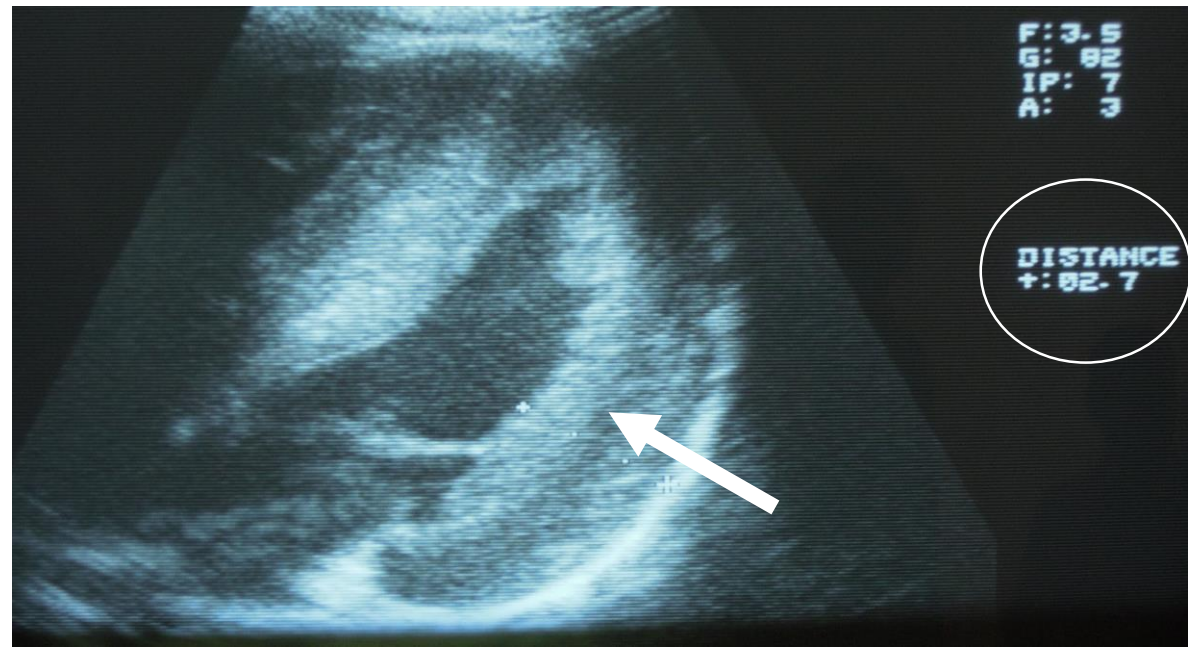
Ultrasound

- Small black fluid in Morrison

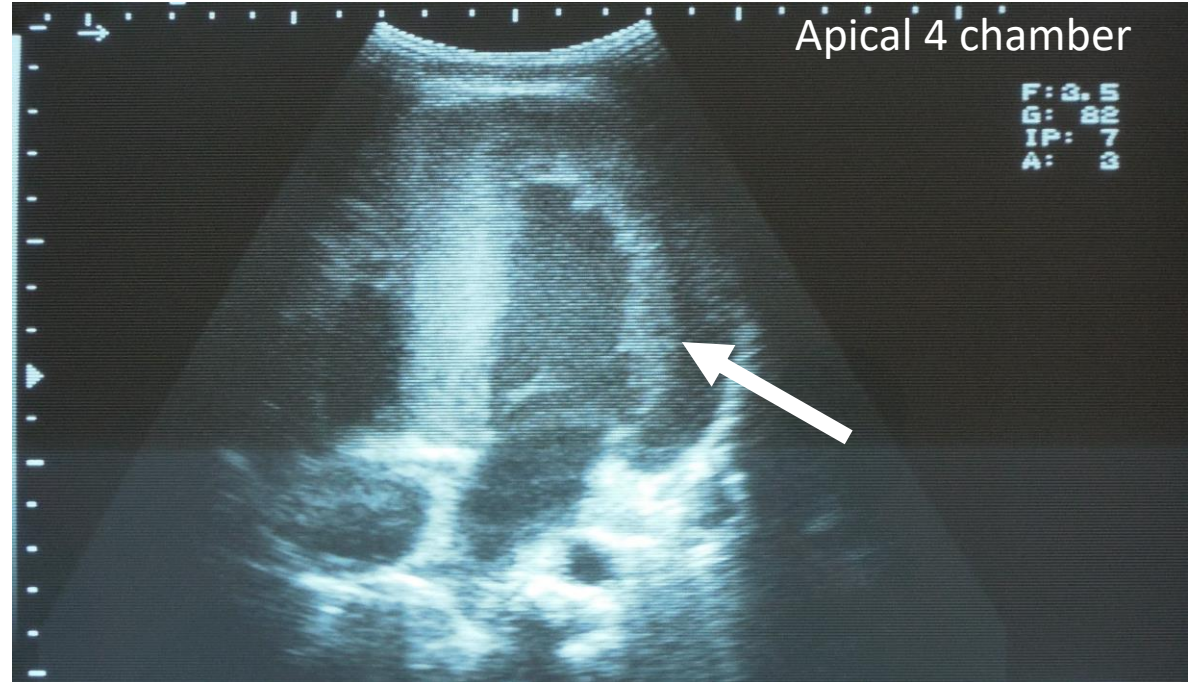
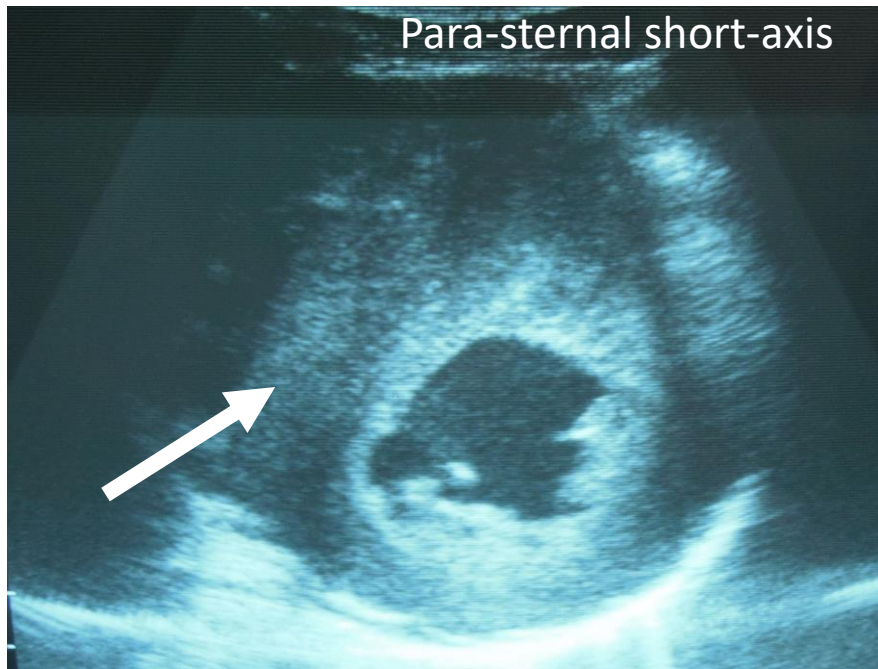


- No kidney disease
- No liver disease
- No wet lung or effusion





-Tick wall of LV
(normal until 12
mm)
-Pump failure



Let's take a step back towards the Semeiotics....

- Do you notice something strange on physical examination?



Pterygium

Congenital skin fold of the neck

This sign is present ONLY IN 4
DISEASES





Noonan Syndrome

- Congenital syndrome, 1/1000-2500 live births
- **Pterygium**
- **Short neck**
- **Low set ears**
- **Hypertrophic Cardiomyopathy (30%)**
- Atrial and ventricular septal defects
- Stenosis of pulmonary artery
- Lymphedema of the legs
- Mental retardation



Report on the book of health

Diagnosis

Heart failure associated with Noonan Syndrome

Treatment

Captopril

Furosemide

Advice

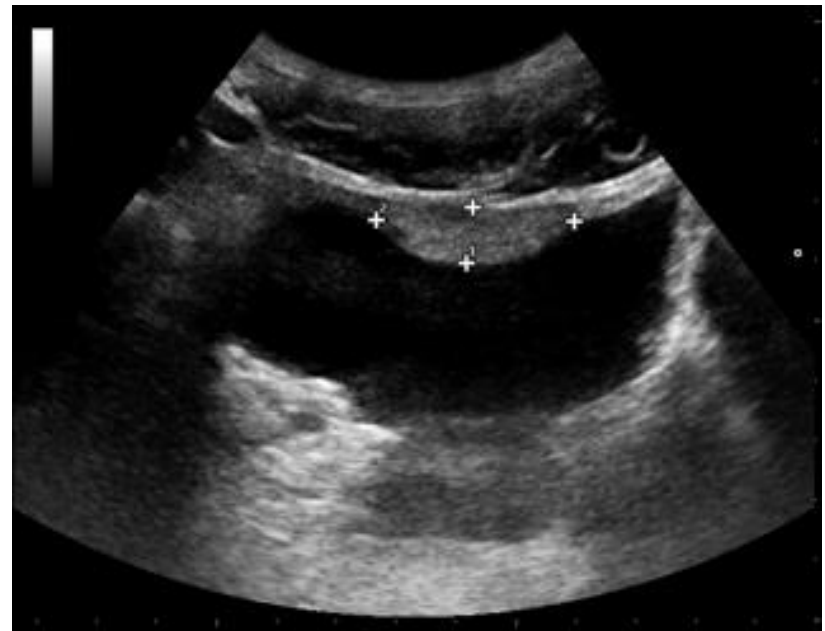
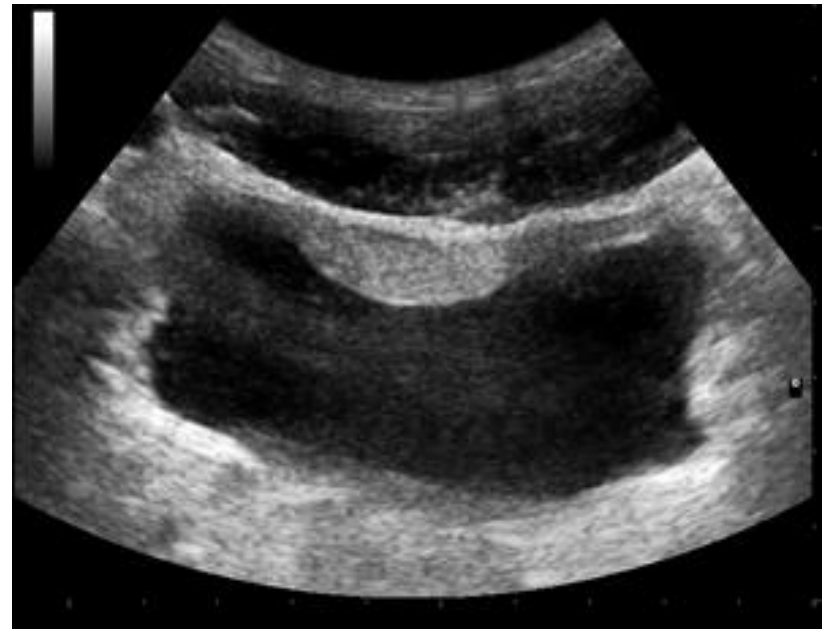
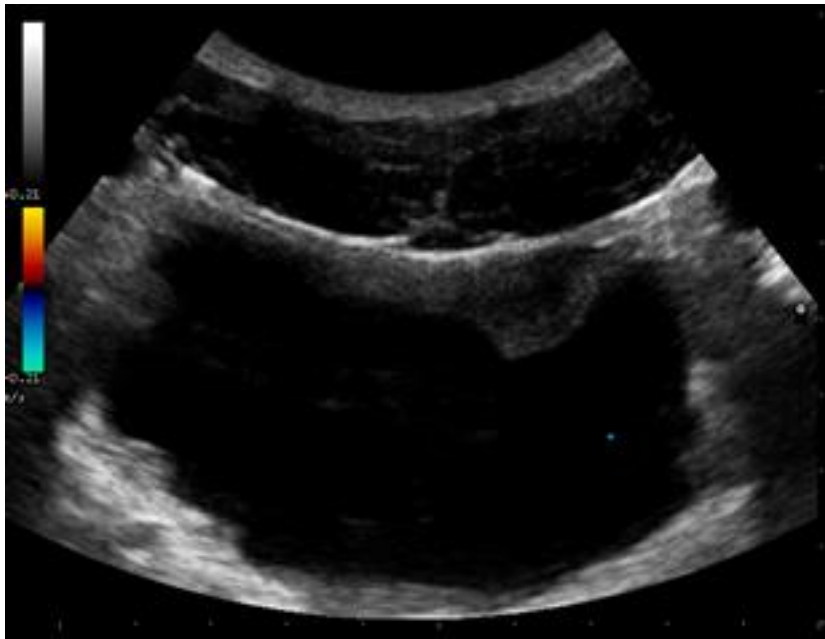
Cardiologist consultation

Hematuria and abdominal pain

History

- 23 y, Fisherman
- Hematuria
- Abdominal pelvic pain





1.7 cm

3.3 x 1 cm

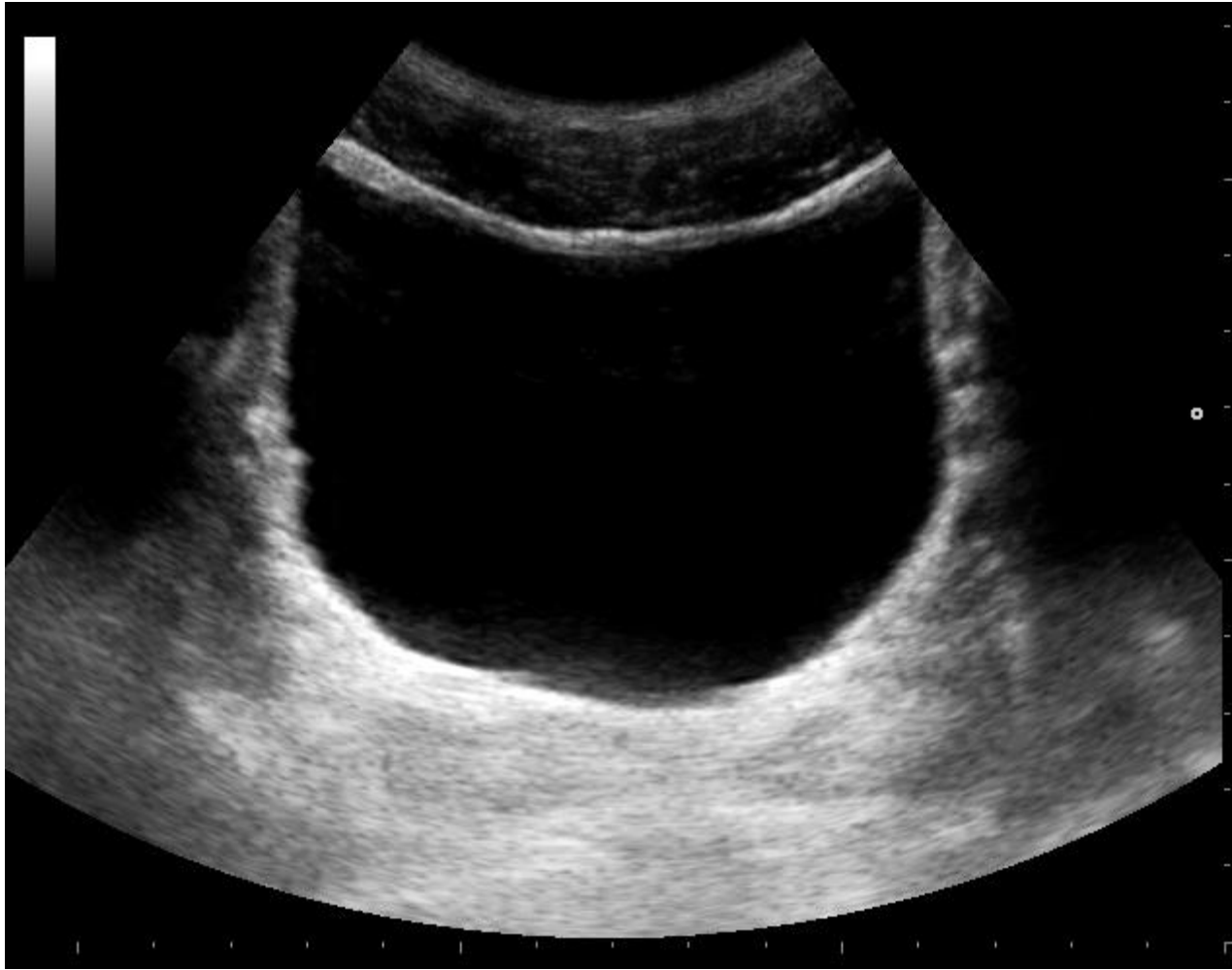




10 mm







after treatment

Acute and severe and abdominal pain

History

- Female, 33 y
- Acute and severe low abdominal pain, no vaginal discharge

Examination

- Severe abdominal pain on the low quadrants



Brainstorming

Renal colic?

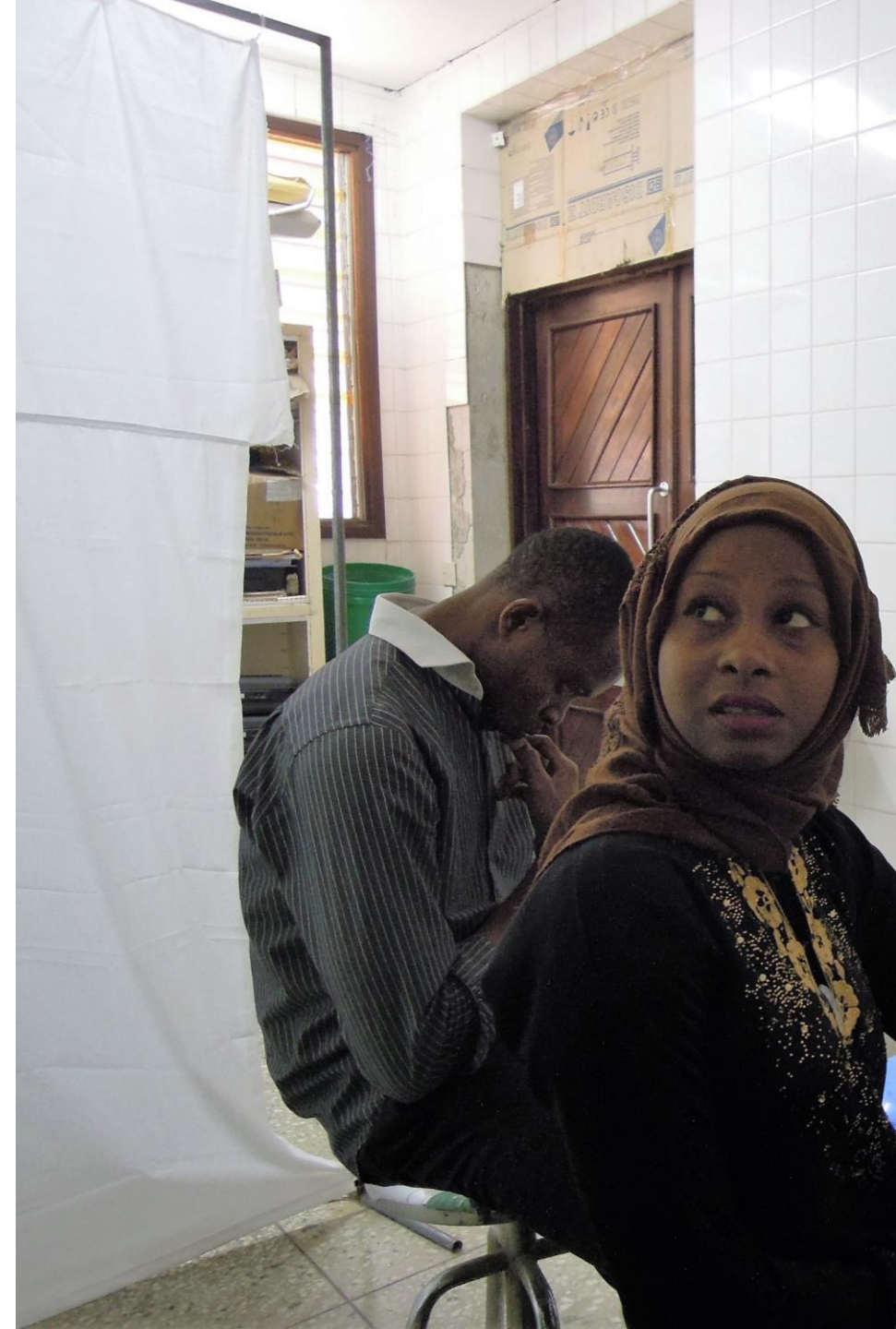
UTI?

PID?

Absorption?

The only certainty

**Abdominal pain is a big
problem
from a diagnostic point of view**



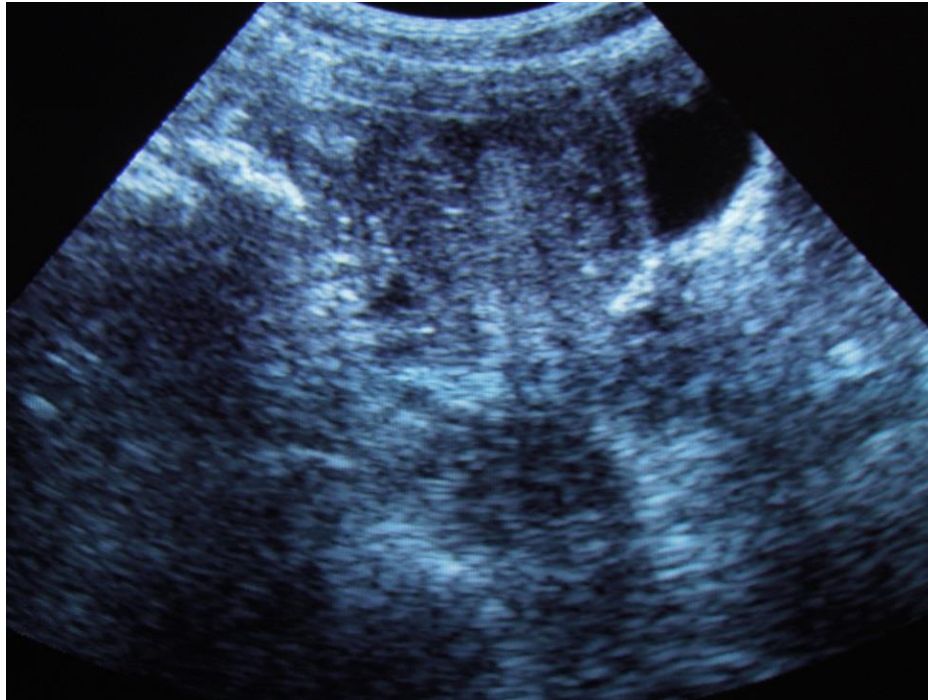
Urine analysys

- Normal
- UPT Positive!!!



Ultrasound





Trans-abdominal US of the uterus, in the sagittal plane.
Normal uterus, without evidence of any intrauterine gestational sac.
Aborption?



Ectopic pregnancy in the right tube with haematosalpinx



The second certainty

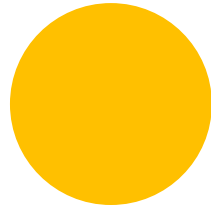
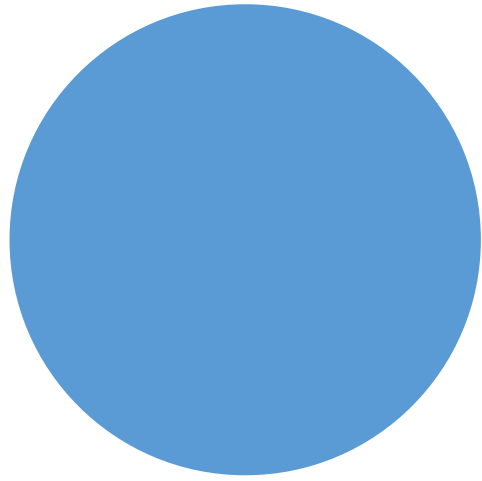
Ectopic pregnancy is an medical emergency



the patient was urgently operated and diagnosis confermed

The last certainty

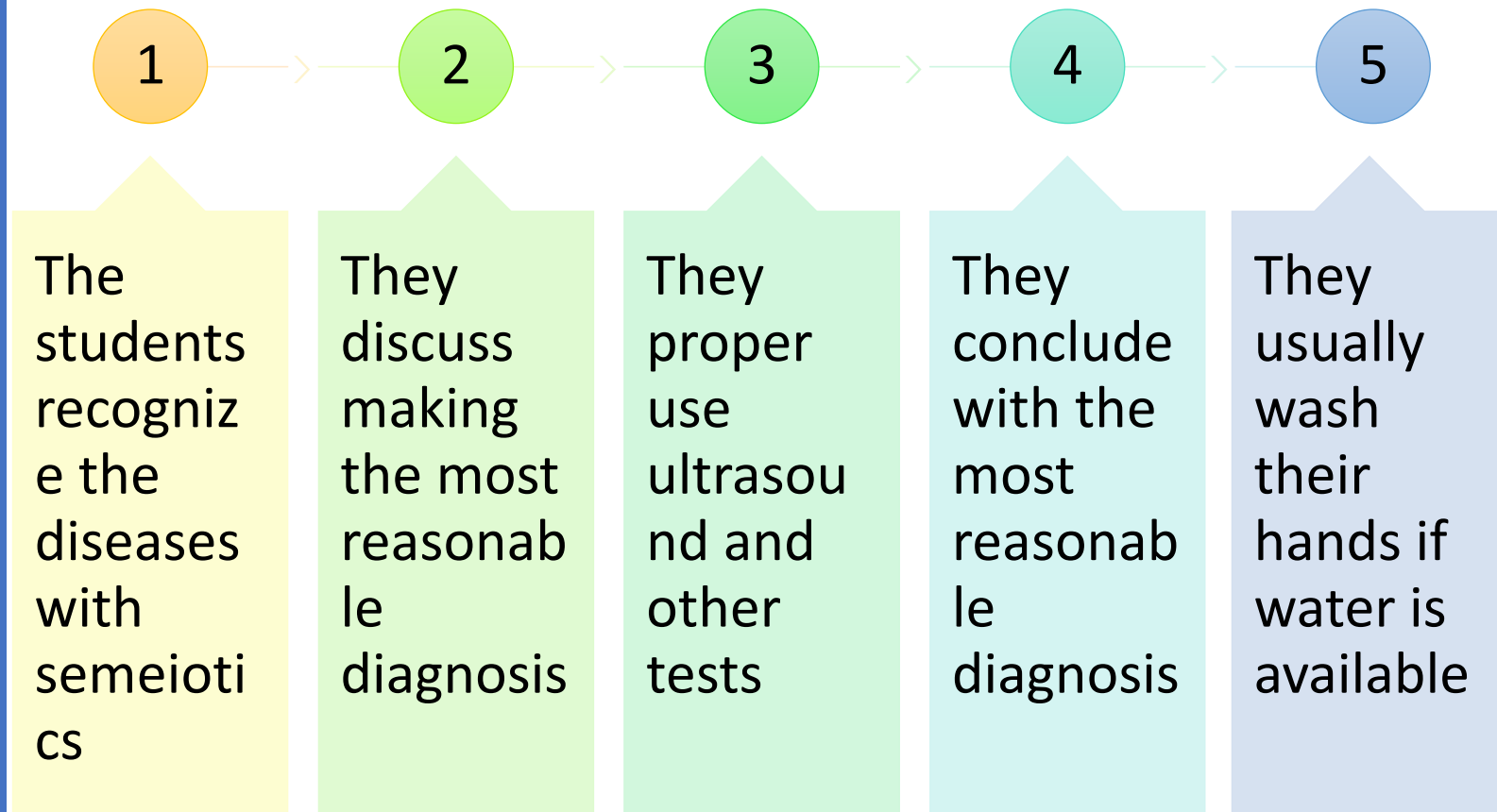
**THIS DIAGNOSIS CHANGES
CLINICAL MANAGEMENT AND OUTCOME**



Semeiotics and US together can improve with laboratory diagnostic capacity and change clinical management and outcome.



Achievements at the end of the course



THE CLINICAL OFFICERS ARE REALLY IMPROVED

“It’s just a seed
to open the mind
to possibility” paolo agostinis

I thank you

- Ivo de Carneri Foundation
- Dr. Ali Habib and Chake Chake Hospital
- The staff of PHL IdC (Ghanil Mohammed Khatib, Faki Bakar Faki, Hemed Said Mbaruk, Mohamed Fasihi Yussue)
- Public Health Laboratory IdC (Eng. Yahya, CEO Said, Mr. Mohammed, Mrs. Nayha)
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