

Skin marks in Surinamese people

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CASE REPORT

Patient A, a 33-year-old female, with a history of human immunodeficiency virus (HIV) seropositivity with a CD4 cell count of 237 cells/mm³ and an undetectable viral load, was admitted to a Surinamese hospital after being diagnosed with a lobar pneumonia of the right upper lobe. On physical examination, she showed vesiculae on her abdomen (*figure 1*).

Patient B, a 39-year-old female, was admitted to a Surinamese hospital with fever. She had been feeling ill

Figure 1. Skin marks on patient A's abdomen



Figure 2. Skin marks of patient B's forehead



for one month, and noted temperatures up to 38°C. She had periods of headaches and pain in the neck. On physical examination, she showed no abnormalities except two spots on her forehead (*figure 2*). Both photographs were taken with permission of the patients.

WHAT IS YOUR DIAGNOSIS?

See page 436 for the answer to this photo quiz.

DIAGNOSIS

Both patients suffered from burn wounds due to application of locally produced heated Surinamese palm rum containing 90% alcohol. Patient A was immunocompromised due to HIV infection, but showed an undetectable viral load during therapy. Her skin marks were differentiated from herpes zoster because they crossed the mid-line of her upper abdomen. In order to relieve the feeling of dyspnoea, her grandmother had advised her to apply heated palm rum on her chest which resulted in a second-degree burn wound. Patient B suffered from feelings of fever and headache. She was told by her mother to relieve her complaints by applying clothes dragged in heated palm rum on her head. After taking the clothes away, she noticed the skin marks which were diagnosed as first-degree burn wounds.

Application of (heated) fluids with a high percentage alcohol for a wide spectrum of symptoms is one of many traditional concepts of medicine in Suriname, locally known as 'oso dresi' (home remedies). It is important to realise that not only Surinamese people in Suriname, but also the Surinamese immigrants and descendants from Suriname living in other countries than Suriname may stick to their traditional health beliefs and practices, which may induce side effects not commonly encountered in the country of immigration.¹ Of Surinamese people living in Suriname, 86% reported to have used traditional medicine at some point in their life and 66% during the last year,

while for Surinamese people living in the Netherlands this was 77% and 66%, respectively.^{1,2} Traditional medicine is used for health promotion, disease prevention and cure mainly of colds, headache and intestinal problems. Belief in and familiarity with its healing properties and religious knowledge were reported to predict its use, while gender, income, employment and education were not,^{1,2} arguing that traditional medicine is a deeply rooted cultural preference. Therefore, since cultures intermix easily nowadays due to migration, it is important for healthcare workers to know what (side) effects of traditional medicine may have to be considered in the differential diagnosis.³ These cases illustrate the importance of (side) effects of traditional medicine in the differential diagnosis of symptoms and signs, for example skin manifestations. Surinamese and descendants from Suriname living abroad may use traditional medicine as a first method in order to relieve symptoms.

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