Mercy ships: Changing lives

Neel Kothari looks at the volunteer work taking place in West Africa

It has now been over two years since the Dental Tribune first reported on the work carried out in West Africa by volunteering healthcare professionals for the charity Mercy Ships. Due to extreme levels of poverty in this part of the world the outcomes for those who are sick are very poor and many of the conditions that are considered treatable in developed countries often result in fatalities in the third world.

This article tells the stories of three people who have had life changing operations thanks to the work of the all of the volunteers at Mercy Ships and discusses the impact that the work carried out in West Africa by volunteering healthcare professionals for the charity Mercy Ships.

The first case is that of Agbekanme, a 40-year old lady who presented with severe mandibular osteomyelitis as seen in the accompanying photos.

Agbekanme’s case

In West Africa, the severity and extent of osteomyelitis is more widespread and persistent than those seen in the UK. Apart from poor nutrition and a compromised immune system against infection, the lack of basic health care including dental treatment and antibiotic leads to uncontrolled periapical abscesses and subsequent extensive osteomyelitis in West African patients. Acute medullary bone ischaemia and irreversible bone necrosis lead to chronic suppressive osteomyelitis.

Agbekanme was not in extreme pain as osteomyelitis itself is not particularly painful given the lack of nerve endings in bone, however she did have mild discomfort due to the mucosal infection.

Specialist Oral and Maxillofacial surgeon Leo Cheng reports that patients with osteomyelitis who remain untreated risk suffering from pathological fracture of the mandible and oro-antral/oro-nasal fistula for maxillary osteomyelitis. Mr Cheng also reports that very often patients presented with facial swelling and pus discharge and some have single and multiple extraoral sinuses. Some patients were tested to be HIV positive, sickle cell crisis, Hepatitis B and actinomycosis.

Although this is a severe case and rarely seen in the UK, an important message for dentists is to be aware of the increased risk of osteomyelitis that is posed by major oral surgery procedures and bisphosphonate usage. Bisphosphonates adversely affect osteoclasts, which are the cells responsible for bone resorption and thereby act to increase bone density. The literature shows that intravenous bisphosphonate usage carries a higher risk of osteomyelitis compared with oral bisphosphonate usage.

The uses of bisphosphonates include the prevention and treatment of osteoporosis, osteitis deformans (“Paget’s disease of bone”), bone metastasis (with or without hypercalcaemia), multiple myeloma, primary hyperparathyroidism, osteogenesis imperfecta, and other conditions that feature bone fragility.

Guanne’s case (before and after)

Our third and final case is that of 22-year old Alimou who presented with a large multicystic ameloblastoma of the mandible.

Alimou Camara is from Conakry, the capital of Guinea in West Africa. At 16 while in the 11th grade, Alimou had to stop school as the tumour was growing in size and becoming an unsightly spectacle. His siblings supported him, but his friends abandoned him. “People laughed at me and rejected me,” he said.

He was unable to work, eat, and began losing weight. Alimou lived with one of his siblings and the other two family members shared the room with him. He was embarrassed by the size of the tumour, which affected his facial appearance.

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married brothers whose kids grew afraid of him. His sister-in-law feared contamination and ordered her children not to drink from the same cup. His life slowly became one of seclusion as he kept himself inside hidden away from a judgmental world.

After eight years his tumour, which hung from his lower jaw, had grown to equal the size of his head. It was a huge strain on his neck. His bottom teeth were embedded and displaced as the mass enlarged. He experienced headaches and a continual watering of his eyes.

There was a constant leaking of pus that seeped from his mouth where the fungating tumour protruded. Alimou would wipe it away, but the smell was overpowering.

For the last several years he has been unable to chew and forced to push the food to the back of his throat to swallow.

Without medical attention, these benign tumours slowly cut off a person’s airway as they grow and in many cases no longer allow the passage of food through the mouth. The eight-hour surgery involved removing the three-kilogram (6.6 pound) tumour, his lower jaw, and all his lower teeth. The tumour was removed and he was fitted with a titanium lower jaw by surgeons Gary Parker and Mark Shrime.

The day finally came when Alimou awoke without a mass on his face for the first time. Handed a small mirror, he examined his face quietly, in awe, as tears slid down his cheeks.

Cosmetically, he looked normal again and his face felt much lighter. He was planning to go back to school as his aim was to become an accountant.

On behalf of Dental Tribune I would like to give a special thanks to Mr Leo Cheng for providing the information and photos for these cases.

For those of you who wish to learn more about the work carried out by Mercy Ships, please visit www.mercyships.org.uk for further information.

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About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Sawston, Cambridge as a principal dentist at High Street Dental Practice. He has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL’s Eastman Dental Institute.

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