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Reaching across the strait: a surgical lesson from Papua New Guinea

The Royal Australasian College of Surgeons (RACS) has a long history of engagement with low- and middle-income countries in the Pacific and South East Asia. This has been achieved via the RACS Global Health Committee and the Foundation for Surgery.[1] In 2015, The Lancet Commission on Global Surgery handed down their report 'Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development'.[2] This is a comprehensive report which highlights the importance of surgery in low- and middle-income countries around the world. One of the five areas emphasized is the surgical workforce including establishing training and education for surgeons, anaesthetists and obstetricians.

It is important that any interaction with our region should be as equals and that each gains from the experience. As Lilla Watson, an Indigenous Australian said: 'If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together'.

Increasingly SET trainees and surgeons have recognized the importance and relevance of Global Health. The recent outbreak of Zika virus highlights the importance of tropical diseases to all countries in the age of quick and easy transportation. Most surgeons have little experience with tropical diseases, having read a small amount at medical school or during surgical training. If we want to train world class (global) surgeons, how do we do this if they only have textbook knowledge of all the diseases which fall under their jurisdiction. In our own region, Papua New Guinea (PNG) is only 175 km north of Australia, and can potentially offer opportunities to broaden our knowledge.

This edition of the journal includes an article from PNG by Molumi and Dubey reviewing a large number of cases of airway scleroma.[3] It presents the diversity of presentation and discusses management. This problem is more commonly known as rhinoscleroma and can involve any part of the respiratory tract. It is a chronic inflammatory granulomatous disease caused by *Klebsiella rhinoscleromatis* and was first described by Hans von Hebra, a dermatologist in 1870.

Rhinoscleorma is endemic to PNG, Indonesia, India, tropical Africa, Central America, eastern and central Europe. It is an infectious disease requiring prolonged exposure to develop and is associated with lower socioeconomic groups, crowded living environments and poor hygiene. Presentations in Western countries are rare; however, case reports continue to appear as immigration from endemic areas continues to grow. Therefore, such a diagnosis should be considered in patients presenting with airway symptoms who have lived in these communities. Treatment is mostly non-surgical requiring prolonged courses of antibiotics.

This paper comes from a nation with one medical school and 12 otolaryngology head and neck surgeons, the majority having trained in PNG as well as visiting Australia and New Zealand for courses and training. It is of the utmost importance that we mentor and train surgeons from our region so that they can return home and use their skills to treat their own communities rather than relying on visiting surgical teams. This encourages independence, pride and growth of the regions medical communities. The College and Fellows conversely learn new skills by being exposed to surgical problems and diseases which they may only read about in textbooks.

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