

Report-back of clinical training in paediatric gastroenterology

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After meeting Prof Jan Taminiou at the Post-Graduate Paediatric Gastroenterology course in Stellenbosch in 2012, the idea of coming to Belgium for a while to learn more clinical gastroenterology was born. Paediatric gastroenterology is in its infancy in many parts of South Africa, and this seemed like a great opportunity to gain exposure in an academic, first world setting under expert supervision. Prof Taminiou worked in Amsterdam but is currently doing sessional work in the University Hospital in Antwerp. He put me in contact with Dr Els Van de Vijver, the local paediatric gastroenterologist in charge of the unit. As Antwerp is also the place I grew up in, the language barrier and accommodation were not much of an issue to me. Thanks to the understanding and encouraging nature of my colleagues at Rahima Moosa Hospital, I was allowed to do two and a half months of training. I am grateful also to the Gastroenterology Foundation of South Africa, who helped to finance my trip, and to my local supervisors, who welcomed me with open arms.

Belgium is a small, first world country situated between France, Germany, Luxemburg and Holland. It has a strong social security system with a universal tax funded medical aid. Antwerp is in the north of the country, and Flemish (or Dutch) is the local official language. Most of the university and medical education is in English however, and English words are used for many of the medical terms and acronyms.

From the start, I was made to feel very welcome by Dr Van de Vijver, who has (almost) singlehandedly been resurrecting the subspecialty in the hospital. She was also grateful to have an extra pair of hands to alleviate some of the pressure. On Mondays and-or Tuesdays Prof Taminiou would also join us to see outpatients and do ward rounds.



After an initial adjustment period (including getting used to the electronic hospital system and "AZERTY" keyboards), I quickly felt at home in the unit and enjoyed the work tremendously. The majority of time was spent on ambulatory cases, and the focus lay on gastroenterology and nutrition, with a sprinkle of hepatology for good measure. The pathology in these patients was very different to what we are used to in South Africa, but it was an eye opener to realise what underlying pathology we may be missing while focusing on the severe malnutrition and chronic diarrhoea. Functional disorders were probably the top of the list in the ambulatory section (including functional constipation, which is often managed very poorly in South Africa). But the real trick was learning how to distinguish between functional problems and those with serious underlying pathology. Inflammatory bowel diseases are at the foreground and coeliac disease is almost an epidemic there, while dysentery is hardly considered unless there is a travel history. Surprisingly, the index of suspicion for giardiasis is quite high though.

Between clinics we would frequently get consults from the different wards and do inpatient rounds. Pathology seen here included neonates with short bowel syndrome, infants with failure to thrive and bloody diarrhoea in an intensive care patient. Fridays were reserved for endoscopy and included diagnostic upper and lower gastrointestinal endoscopy, placement of percutaneous gastrostomy and gastro-jejunal tubes, polypectomies, and oesophageal balloon dilatations of a patient with achalasia.

Although the learning curve was steep, it was refreshing to realise that as South African trained doctors we still have a strong grounding in medicine, and could easily thrive in any first world hospital environment. The relationship I have built with the local department of paediatrics, and especially with

Dr Van de Vijver and Prof Taminiou will hopefully continue to flourish. All of us are keen to keep interactions alive with patient discussions, perhaps shared research and hopefully a return visit to South Africa. It truly was a unique and very successful trip, from a learning point of view but also in terms of networking. I have certainly come back with many ideas that I would like to try and implement here, and my passion for paediatric gastroenterology was kindled by the inspiring attitudes of my supervisors there.

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