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Among the poorest, a lesser known scourge.

In Laos, visiting medical teams help victims of a disfiguring disease

Walter Kopek, a resident of Stoneham and Bangkok and semi-retired from the business world, travels frequently to Laos in his work for a charity, Mines Victims and Clearance Trust. He visited Laos recently concerning efforts to clear unexploded ordnance.

By Walter Kopek

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BANGKOK -- Plastic surgery. The words can conjure up visions of stars and starlets struggling to be photogenic just a little longer or perhaps burn victims trying to reconstruct a life. In developing countries surgery to correct cleft palate is not uncommon.

In the world's poorest countries, most susceptible to malnutrition, there is a lesser known disfiguring disease called Noma. Often referred to as orofacial gangrene, it is a gangrenous disease leading to tissue destruction of the face, especially the mouth and cheek. The mucous membranes of the mouth develop ulcers, leading to rapid, painless tissue degeneration which can degrade tissues of the bones in the face.

Noma is typically connected with severe protein malnutrition

and unsanitary living conditions. Although Noma existed in the United States as recently as last century, it is now primarily found in Africa and the poorest areas of Asia and South America.

Many remote areas of Laos have a limited amount of arable and grazing land due to contamination from unexploded bombs and other devices that remain from the secret war waged there from 1965 to 1973. The lack of farm land and the resulting insufficient food supply result in malnutrition and subsequently any number of medical conditions, among which is Noma.

Finding Noma patients in Laos, however, can be difficult. In addition to the remoteness of many locations in the country is the stigma attached to the physical deformity. It is not uncommon for people with Noma to hide their faces and to be isolated by their families.

There are limited medical resources available for treatment. In Laos visiting teams of doctors treat Noma and other patients requiring plastic surgery skills not available locally. Recently two such teams treated Noma patients at Mahosot Hospital in Vientiane: Bridge the Gap Foundation from the Netherlands and Interplast from Australia and New Zealand.

My friend Jim Harris, a retired teacher from Wisconsin and founder of We Help War Victims, spends much of his time in Laos and recently arranged for two Noma patients to be treated by the visiting surgeons at Mahosot. One of those he helped is Gadam, a 30-year-old man from Mahaxai in Khammouan province.

Gadam was infected with Noma when he was seven. Despite the

disfigurement Gadam was fortunate to be alive. The mortality rate for Noma is reportedly as high as ninety per cent.

Those who survive, like Gadam, find their lives changed in virtually every way. How a patient is able to eat limits what they eat. Although Gadam has a beautiful and caring wife, for others social interaction can become almost non-existent.

In a country as poor as Laos with limited infrastructure and equally limited medical facilities, networking and contacts can be even more valuable than in developed countries. In Gadam's case Jim Harris received an e-mail while home in Wisconsin in late December from an American doctor in Laos informing Jim that Bridge the Gap would be in Vientiane in January. Through e-mails, calls back to Laos and the help of some friends, Jim was able to get Gadam from his village to the hospital in Vientiane.

Just hours after arriving from the Netherlands for their two-week visit, the medical team, with no time out for jet lag, evaluated all the Noma patients. Gadam was approved for surgery and operated on within two days.

While in Laos in support of a mine clearance project I was able to speak with the Dutch team. The doctors mentioned that Gadam and two other patients, a young boy with Noma and a young girl suffering the effects of a bullet wound that had damaged her face, would all need follow-on surgery in 6 to 8 weeks. As luck would have it, the Interplast team would be arriving in that time frame. Although the Interplast doctors typically work on burn patients, they were more than ready, willing and able to assist.

When I returned to Mahosot hospital in late February, Gadam

had already undergone two surgeries and would need one more in a few weeks. Most surprising in his appearance was the tube, made of Gadam's skin, which the doctors had built from his chest to his face. This tube carries nutrient-rich blood to help the healing process.

Undoubtedly there are more people with Noma to be found and treated in Laos. As with any disease, the long-term goal is its elimination. In Laos, more than any place else in the world, the first step is clearance of unexploded ordnance, or UXO. Clearing the explosives yields farmable land and allows development projects to proceed. Land and projects yield food and income leading to improved nutrition, education, and health care, ultimately eliminating the root causes of Noma.

For information about the organizations providing treatment for victims of Noma, please visit their websites, www.interplast.org, www.bridgethegap.info, and www.wehelpwarvictims.org. To learn how you can contribute to the Passport blog, contact the Globe's assistant foreign editor, Kenneth Kaplan, at k_kaplan@globe.com.