

Part one

Part two

Part three

Part four

Part five

1. (d) These are the typical history and signs of lichen sclerosus. It is the commonest skin disease in postmenopausal women, but is rarely reported because of the natural reluctance of women to admit to such symptoms.
2. (d) Lichen sclerosus is almost a diagnosis of exclusion, as the other possibilities show clear microscopic changes. Candidal infection is usually a disease of younger women, in their child-bearing years, and vulval atrophy does not show the plaques and purpura, or the intense itch, of lichen sclerosus.
3. (d) Lichen sclerosus reacts very positively to topical steroids, the most appropriate probably being clobetasol propionate ointment. A single application at night for 4 weeks, tapering down to alternate nights for another month, then twice weekly for a third month before stopping.
4. (b), (c), and (d). Lichen sclerosus is often associated with low thyroid function and with other autoimmune diseases. Five per cent of patients with the disease develop vulval cancer, so patients with it should be taught to check for lumps and bleeding regularly.
5. (a), (c), and (d). Sixty percent of boys needing circumcision because of phimosis have the condition under the prepuce. It is not related to sexual habits, and can be a pre-cancerous change in men.

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**Welcome to the Africa Health web site, the home of practical and relevant information for the busy health professional.**

For over 30 years Africa Health has been a leading source of clinical and managerial information for health professionals from across Africa. Incorporating the old Medicine Digest title in 2002 for a few years it appeared as a part of Mera (Medical Education Resource Africa) journal which also incorporated the excellent African Health Sciences journal as well as our sister journals, the African Journal of Diabetes Medicine, and the African Journal of Respiratory Medicine.

Africa Health was relaunched as a stand alone title in September 2009, and this development of a bespoke web site has followed closely behind.

Issues surrounding the continuing professional development needs of Africa's health workforce are central to Africa Health journal. The human resources for health crisis is not going to be resolved until the health workforce is properly trained, remunerated and motivated. Health system strengthening in Africa is not going to be achieved without the right people on the ground to make it happen, be they physicians, nurses, community health workers, para health professionals or managers.

The site is work in progress at the moment, but we intend that in due time it will not only provide free on line access to current and past editions of Africa Health, but also act as a portal to help you quickly find quality and reliable resources on matters of interest to you elsewhere on the world wide web.

Much is planned. We just have to find the time - and the funds - to achieve it!

Feedback or comments are welcome to [bryan@fsg.co.uk](mailto:bryan@fsg.co.uk)

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