

## **SCTC Benedict Visiting Fellowship Report**

**Dr. Md. Masrurul Haque**

**Visiting centre:** Salford Royal Hospital, Stott Lane, Manchester, United Kingdom

**Visiting period:** 15.04.2024-15.05.2024

Dear SCTC members,

At first, I want to thank Scleroderma Clinical Trials Consortium for selecting me for the SCTC Benedict visiting fellowship and supporting my visit to the Salford Royal Hospital, Manchester, United Kingdom which took place from 15.04.2024 to 15. 05.2024.

The Salford Royal Hospital is a tertiary hospital and a referral centre of scleroderma patients in the northern part of England. During this one month, I have experienced how the scleroderma multi-disciplinary team act as a unit to treat the scleroderma patients. I have seen a considerable number of scleroderma patients in the scleroderma and Raynaud's outpatient clinic with Dr. Muditha Samarnayaka and I have gained a firm knowledge about the problems and complications of the scleroderma patients. I also improved my skill in the Modified Rodnan Skin Scoring system. I was really amazed to see the patient education strategy there. In the outpatient clinic, there were educational leaflets about every aspect of scleroderma like Raynaud's, skin, lung, GIT, renal involvement and sexual problems.

I learned a lot from Dr. Michael Huges about the latest management protocols of scleroderma which includes management of Raynaud's, ulcers as well as management of complications involving different organs and systems. He also introduced me to the latest research works in the fields of scleroderma and inspired me to start my own research work soon after completion of this fellowship.

I regularly attended the indoor rounds and observed closely the management of different complications of scleroderma like digital ischaemia, myositis, non-healing ulcers and many more.

The vascular lab of the Salford Royal Hospital is very well known for its clinical and research activities. Many patients come here for the evaluation of their Raynaud's not only from the hospital but also from outside this hospital after being referred by their GPs or rheumatologists from elsewhere. I have sharpened my knowledge and skill in nailfold capillaroscopy with the guidance of Melissa Mandzuk, the vascular technician of the lab. I got the opportunity to observe the Thermography in this lab which was very new to me. This method uses an infrared camera to measure the skin temperature of the hands before and after a cold challenge test to differentiate between the primary and secondary Raynaud's phenomenon. I assisted Melissa Mandzuk to perform this procedure in many patients. I learnt a lot about the interpretation and reporting of nailfold capillaroscopy from Dr. Graham Dinsdale. I took part in several reporting sessions with him. Moreover, I was introduced to different types of capillaroscope those are used for research

purpose. I also learned about their research about other modes of imaging of digital perfusion like multispectral imaging.

I attended the Pulmonology-Rheumatology combined outpatient clinic where I saw the shared decision- making process in the management of scleroderma patients with interstitial lung disease. I also had a chance to attend the combined Dermatology-Rheumatology clinic where I learned very well about the skin progression assessment and the scleroderma mimics.

Scleroderma patients very often suffer from significant disability. I have learned about different modalities of physiotherapy used in scleroderma patients from Will Gregory, the consultant physiotherapist. I also had the chance to know about various exercises and devices to improve the hand function of scleroderma patients from the hand therapist Catherine McCoy. She taught me to assess the hand function by mHAMIS score which is a very important tool in assessing the improvement or deterioration of hand function. I had the opportunity to observe the hydrotherapy session of a scleroderma patient. I had a session with the Podiatrist to observe how he manages the foot ulcers and foot deformity of the scleroderma patients.

Being a tertiary centre for the management of scleroderma patients, the Salford Royal Hospital routinely performs the autologous fat graft surgery on scleroderma patients. I had the privilege to be present in one of those surgical procedures. I think this is a game changing step in the management of microstomia, resistant Raynaud's and hand contracture of scleroderma patients.

In conclusion, the SCTC Benedict visiting fellowship program provided me with the opportunity to explore the most up-to-date and comprehensive management of scleroderma in a centre which has been a pioneer in the clinical and research activities in this field. With this great experience I want to make a dimensional change in the management of scleroderma patients in my hospital. I will also endeavour to raise awareness about Raynaud's to make early diagnosis of scleroderma with the help of vascular imaging techniques. I also have plans to share this knowledge with other rheumatologists of my country. Furthermore, I will keep collaboration with the Salford Royal scleroderma team for my future research works on scleroderma. I will be very happy to share my research works with the members of the Scleroderma Clinical Trials Consortium from time to time by attending the world scleroderma congress and by other means possible.

Sincerely

Dr. Md. Masrurul Haque

Bangladesh