Hey everybody,

Hope you're doing well. I wanted to give you an update on my trip to Rwanda. For the past 3 weeks I've been visiting hospitals affiliated with Partners in Health (PIH), an NGO based at BWH, and evaluating their radiology services.

I've spent most of my time in a rural village in the southeast called Rwinkwavu. The hospital compound is on a ridge and connected by little dirt paths that cut through patches of corn and bananas. At night you can see the milky way, and the only sounds are insects, frogs, and the occasional cow or goat.
Meals usually have some combination of rice, pasta, beans, mashed plantains or potatoes, with some vegetable stew on top.

Radiology services in Rwinkwavu include plain films and ultrasound. CTs are done at a referral hospital in the capital (Kigali) 2 hours away.

For ultrasound, they have two portable Sonosite models and have been trained by a cardiologist and ED fellow. The physicians are often enthusiastic about improving their skills.
The CT studies from Kigali are pretty nice and include reformations. Studies are read by a few of the 4 to 6 radiologists in the country (all trained abroad). The quality of reports is variable, and so I've been asked to over-read a lot of CTs.

For x-rays, they use an ancient portable machine that was last refurbished in 1991 and blows out with kVPs over 90. The x-ray technicians use several creative and valiant techniques to get the best films possible with what they have.

Their stationary unit was donated by a hospital abroad a few years ago and broke before it arrived or shortly afterwards. From what I hear, at least half of the x-ray machines in Rwanda are not functional. It is clearly difficult to keep this random assortment of old donated machines in working order.

Goretti Yadufashize, x-ray technician. X-rays are dried in the sun.
There aren't any light boxes on the wards.

Dr. Jean-Paul

Rwinkwavu is the only district hospital in the region with a functioning unit, so patients are often referred here for x-rays. Their intensifying screen (also donated) has a characteristic artifact, so you can recognize their signature work while traveling around the region.

The physicians lack the luxury of being taught by radiologists in med school or while they practice, and it naturally shows sometimes in how they use their resources. For example, physicians haven't ordered a lateral chest x-ray in months—not even for decoration.

When I suggest an additional view, we often discuss whether it would change management in this context.

Intro to CT (a commonly requested topic)
Typical hospitalizations are for infections (chronic osteomyelitis, TB, HIV), heart failure, cancer, or liver failure attributed to EtOH.

Two years of leg pain, with pus draining from several holes in the skin

I hope I've given you a flavor of what health care and radiology are like here in Rwanda. Let me know if you have any questions about my experience here, and I'll be glad to share.

My hope is that this visit will eventually lead to other radiology residents being involved in patient care here, either through teleradiology or future site visits. I'll keep you posted on how that works out.

Hope all's well,

Pete