

Assessment of Various Skin Diseases in Patients Visiting Dermatology Department

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Abstract

Background: To assess various skin diseases in patients visiting dermatology department. **Subjects and Methods:** One hundred eighty patients visiting dermatology department with various skin diseases was recorded. The diagnoses were classified as per the international classification of diseases (ICD 10). A detailed cutaneous examination was recorded. When necessary, laboratory investigations, skin tests, and biopsy specimen findings were recorded. **Results:** Out of 180 patients, males comprised 110 (61.1%) and females 70 (38.9%). Age group 20-40 years comprised of 35, 40-60 years had 70 and 60-80 years had 75 cases. Various dermatoses recorded were hair disorders (15) such as alopecia areata in 10, hair fall in 5, papulosquamous (25) such as psoriasis in 12, lichen planus in 7, pityriasis rosea in 4 and lichen nitidus in 2. Sweat & Sebaceous gland disorder (90) such as miliaria in 30 and acne in 60. Pigmentary (50) such as vitiligo in 25, freckles in 15 and mongolian spot in 10 cases. The difference was significant ($P < 0.05$). **Conclusion:** Common dermatoses recorded was sweat & sebaceous gland disorder such as miliaria and acne.

Keywords: Skin disease, Lichen planus, dermatoses

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Introduction

Skin ailments are common and are either transitory or chronic and recurrent. Monitoring the epidemiology of skin disorders helps in effectively planning relevant educational programs and preventive measures.^[1] Dermatologic conditions pose a special dilemma to primary care physicians and overwhelm the skills of most.^[2]

The pattern of skin morbidity in an area largely depends on its climate and geography. Burden of various skin diseases is determined by the socioeconomic status, nutrition, genetics, and habits of the community.^[3] The prevalence of skin diseases in the general population varies from 6.3% to 11.2%.^[4] Moreover, in developing countries, poor hygiene, lack of basic amenities, and overcrowding also play significant role in occurrence of few skin diseases. In addition, profile of skin disorder among patient is influenced by the distance needed to travel to seek health care in hilly terrains.^[5]

Skin disease may be associated with their genetic makeup, socio-economic background, nutritional and immune status. These can be acute or chronic.^[6] Though they are rarely lethal; they are associated with significant morbidity and add to psychological stress to the patient and family. Most of these conditions are manageable with proper hygiene and

treatment.^[7] There is lack of epidemiological data on paediatric dermatological problems in this region.^[8,9] The present study was conducted to assess various skin diseases in patients visiting dermatology department.

Subjects and Methods

The present study comprised of one hundred eighty patients visiting dermatology department with various skin diseases. Institutional ethical review committee approved the study and written consent was obtained from all patients.

Demographic characteristics of each patient such as name, age, gender etc. was recorded. The diagnoses were classified as per the international classification of diseases (ICD 10). A detailed

family history, clinical features, general and cutaneous examination was recorded. When necessary, laboratory investigations, skin tests, and biopsy specimen findings were recorded in case history sheet. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

Results

Table 1: Distribution of patients

Total- 180		
Gender	Male	Female
Number	110 (61.1%)	70 (38.9%)

Out of 180 patients, males comprised 110 (61.1%) and females 70 (38.9%).

Table 2: Age wise distribution

Age group (years)	Number	P value
20-40	35	0.52
40-60	70	
60-80	75	

Age group 20-40 years comprised of 35, 40-60 years had 70 and 60-80 years had 75 cases [Table 2].

Table 3: Type of dermatoses

Dermatoses	Variables	Number	P value
Hair disorders (15)	Alopecia areata	10	0.02
	Hairfall	5	
Papulosquamous (25)	Psoriasis	12	0.04
	Lichen planus	7	
	Pityriasis rosea	4	
	Lichen nitidus	2	
Sweat & Seb. gland disorder (90)	Miliaria	30	0.01
	Acne	60	
Pigmentary (50)	Vitiligo	25	0.05
	Freckles	15	
	Mongolian spot	10	

Various dermatoses recorded were hair disorders (15) such as alopecia areata in 10, hair fall in 5, papulosquamous (25) such as psoriasis in 12, lichen planus in 7, pityriasis rosea in 4 and lichen nitidus in 2. Sweat & Sebaceous gland disorder (90) such as miliaria in 30 and acne in 60. Pigmentary (50) such as vitiligo in 25, freckles in 15 and mongolian spot in 10 cases. The difference was significant ($P < 0.05$) [Table 3, Figure 1].

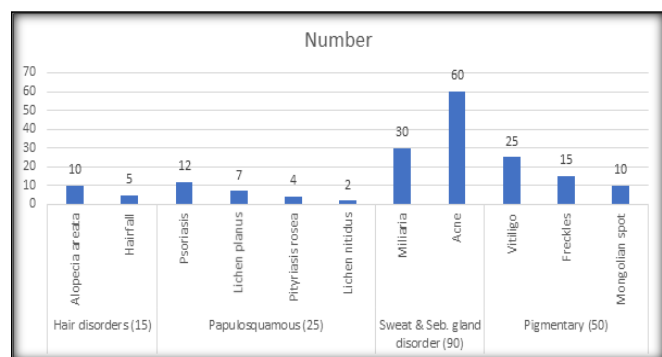


Figure 1: Type of dermatoses

Discussion

Skin diseases are common in all age groups in both developed and developing nations.^[10] In comparison to adults children are more susceptible to acquire skin infections because of weak skin barrier, low immunity and poor hygiene.^[11,12] Pattern of skin disease in different age group

varies from region to region and is affected by ecological factors, socio-economic status, religion and level of literacy.^[13,14] The present study was conducted to assess various skin diseases in patients visiting dermatology department.

We found that out of 180 patients, males comprised 110 (61.1%) and females 70 (38.9%). Verma et al.^[15] studied the clinical pattern and prevalence of various skin conditions in paediatric age group. A total of 1,003 consecutive outpatient department patients upto age of 14 years presenting with skin conditions were included. Various parameters like age, gender, pattern of distribution and type of skin lesions were assessed. The mean age of study population was 6.58 years. Out of 1,003 patients 56.53% were males and 43.47% were females. Maximum number (33.20%) of patients were in the age group of 1-5 years. Scabies (24.12%) was the most reported dermatological condition. Majority of dermatoses belonged to infections (32.40%) and infestations (24.83%) followed by eczemas (17.34%). Bacterial infections (15.25%) were most common infections followed by fungal (10.37%) and viral (6.78%) infections.

We found that age group 20-40 years comprised of 35, 40-60 years had 70 and 60-80 years had 75 cases. Dimri et al.^[16] described the morbidity profile of patients attending dermatology outpatient department in a tertiary care centre. The total number of new episodes of illnesses treated in the skin outpatient department during 2009–2014 was 47465. Adults (>18 years) constituted about 80.9%. Among adults, about 59.9% were males. Overall, the infections of the skin and subcutaneous tissue were the most common (32.6%) followed by the disorders of skin appendages (19.8%), and dermatitis and eczema (18.8%). Of the total patients 16.9% were affected by dermatitis and 16.7% by acne. Psoriasis, urticaria, melasma, and vitiligo were present in 3.4%, 3.4%, 3.6%, and 3.3% patients, respectively

We found that various dermatoses recorded were hair disorders (15) such as alopecia areata in 10, hair fall in 5, papulosquamous (25) such as psoriasis in 12, lichen planus in 7, pityriasis rosea in 4 and lichen nitidus in 2. Sweat & Sebaceous gland disorder (90) such as miliaria in 30 and acne in 60. Pigmentary (50) such as vitiligo in 25, freckles in 15 and mongolian spot in 10 cases. Sardana et al.^[17] in their study a total of 30,078 children less than 12 years of age with 32,341 new dermatoses were recorded, with a male to female ratio of 1.07:1. Most of the disease was seen in the 1- to 5-year age group (44.94%). The most common skin diseases were infections and infestations (47.15%) consisting of bacterial infections (58.09%) and scabies (21.54%), followed by eczemas (26.95%), infantile seborrheic dermatitis, scabies, and pityriasis alba. Other unique dermatoses in our settings were papular urticaria (3.59%), miliaria (5.46%), post-inflammatory pigmentary abnormalities (1.68%), and nutritional deficiency dermatoses (0.45%). A majority of patients were diagnosed clinically and special diagnostic tests were conducted in 2.6% of patients. The most common diagnostic test used was KOH mount (59.2%), followed by skin biopsy (39%). Nearly 90% of patients were seen without any referral and in the remaining, a majority were referred by pediatricians (75%). A majority of patients were diagnosed

to have infection followed by dermatitis in our setting. Sharma et al.^[18] in their study a total of 201 school children belonging to a high altitude tribal area were examined for various dermatologic lesions including nevi. All the children were found to have one or more type of diseases/lesions. Pediculosis ea tis was the commonest disease (74.1%), followed by pityriasis simplex (33.3%), warts (20.4%), scabies (12.9%), pyoderma (8.5%) and papular urticaria (7.5%), Nevi were observed in 73.1% children. An acral erythema associated with cold hands and feet was seen in 7.5% children. Oke et al.^[19] determined the prevalence and the clinical patterns of superficial fungal infections among primary school children in Ile-Ife. A multistage sampling was conducted to select eight hundred pupils from ten primary schools in Ile-Ife. Data on epidemiological characteristics and clinical history was collected using a semi structured questionnaire and skin scrapings were done. The prevalence of superficial fungal infections among the 800 respondents was 35.0%. Male pupils constituted 51.0% of respondents while the females were 49.0%. The mean age for all the respondents was 9.42 ± 2.00 . Tinea capitis was the commonest infection with a prevalence of 26.9% and tinea unguium, tinea corporis, and tinea faciei had a prevalence of 0.8%, 0.6%, and 0.5%, respectively. Tinea manuum had the least prevalence of 0.1%. Pityriasis versicolor had a prevalence of 4.4%. Microsporum audouinii was the leading organism isolated. The study shows that the prevalence of superficial fungal infection (SFI) among primary school children in Ile-Ife is high with tinea capitis as the commonest SFI.

Conclusion

Authors found that common dermatoses recorded was sweat & sebaceous gland disorder such as miliaria and acne.

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