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Original Research Paper

Dermatology

EVALUATION ON PATTERN OF SKIN DISEASES AMONG PATIENTS ATTENDING DERMATOLOGY OPD OF TERTIARY CARE HOSPITAL AT PUNE

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ABSTRACT 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. Our aim was to evaluate the pattern of skin diseases in new patients coming to Dermatology OPD in a Tertiary Care Hospital at Pune. Allergic dermatoses (31.9%), Infective dermatoses (21.4%), Acne (12.8%), Pigmentary disorders (6.02%), Keratinization Disorders (6.8%) and Papulosquamous disorders (4.8%) were the major skin diseases. Allergic Dermatoses were the most common skin diseases seen in our study.

KEYWORDS : Allergic dermatoses, Acne, Infective dermatoses and Pigmentary disorders

Introduction:

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.[1] The prevalence of skin diseases in the general population varies from 6.3% to 11.2%.[2] Moreover, in developing countries, poor hygiene, lack of basic amenities, and overcrowding also play significant role in occurrence of few skin diseases.[3,4] The skin being the largest organ of the body, many skin diseases can be the cutaneous manifestations of systemic ailments. The plan of this study was to get an insight into the frequency and various types of skin diseases that are common at a tertiary care centre and the implication of these diseases in our system. The pattern of skin diseases in new patients coming to Dermatology OPD in a Tertiary Care Hospital at Pune was analysed for this study.

Material and Methods:

This present study was carried out in the Outpatient department of Dermatology, Command Hospital (Southern Command), affiliated teaching hospital of Armed Forces Medical College, Pune during the period from March 2014 to November 2014. A total of 4267 patients out of which, 1991 were enrolled as new cases while 2276 were old patients, who came for follow up visits. This study comprised of 43.0% (856) males, 48.0% (956) females and children 9.0% (179). The personal bio-data of each outpatient was documented including name, age, sex, occupation and duration of skin disease. Outpatient registers of the department were analysed and the total number of males, females and children according to the common skin diseases were tabulated. Biopsy register, skin scraping, nail clipping and hair root examination registers were consulted to confirm the diagnosis when same was inconclusive. Different patterns of skin disorders were noted and compared using the data from other studies.

Result and Discussion:

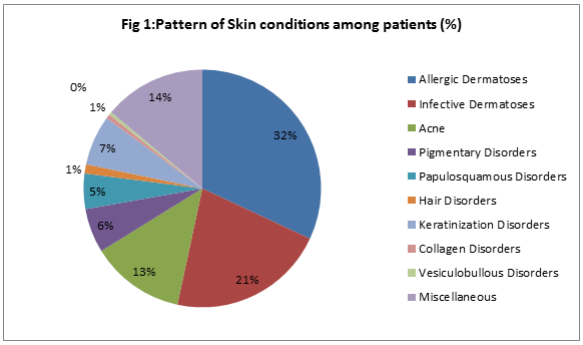
A total of 4267 patients attended Dermatology OPD of Tertiary Care Hospital at Pune during the period from March 2014 to November 2014. Out of these patients 1991 were enrolled as new cases while 2276 were old patients who came for follow up visits. The pattern of skin diseases observed in our study has been shown in table 2. Out of the 1991 cases, Allergic Dermatoses were the most common skin diseases seen, affecting 31.9% (635) patients.

Table 1: Age wise distribution of patients:

Age groups (years)	No. of cases	Percentage (%)
0-10	132	6.6
11-20	265	13.3
21-30	535	26.9
31-40	376	18.9
41-50	275	13.8
51-60	125	6.3
61-70	167	8.4
More than 70	116	5.8

Table 2: Pattern of Skin conditions among patients:

Diagnosis	No. of cases	Percentage (%)
Allergic Dermatoses	635	31.9
Infective Dermatoses	426	21.4
Acne	256	12.8
Pigmentary Disorders	120	6.2
Papulosquamous Disorders	96	4.8
Hair Disorders	25	1.2
Keratinization Disorders	136	6.8
Collagen Disorders	12	0.6
Vesiculobullous Disorders	08	0.4
Miscellaneous	277	13.9



In our study, female patients' attendance was (48.01%) more as compared to male (43.0%) and children (9.0%), whereas in Baur B et al and Shreshta R et al male patients' attendance was more 51.5% and 52.1% respectively.[5,6] Out of total patients, children formed (9.0%) attendance which was nearby to Baur et al study in which it was 11 %.[5] In our study, Allergic dermatoses was single largest group attending the OPD. Superficial fungal infections were the second largest group of disorders. Study done by Devi et al in North Eastern India also found Eczema (17.48%), Fungal infections (17.19%), Pyoderma (9.1%) and Scabies (8.97%) were the major types of skin diseases.[7] The study in Dermatology O.P.D of Gauhati Medical college in India by Das KK in 2003 found that Eczema (23.1%), Pyoderma (14.29%), Fungal infections (14.24%) and Psoriasis (7.7%) were the major skin diseases in that part of country[7]. Similar findings are also reported by other workers in their study on pattern of skin diseases.[8,9,10] Humid climate, style of clothing and preponderance of farmers in our patients may account for the high incidence of fungal

infections. Acne disorders were observed in 12.8% patients where as in Juno Joel et al, the prevalence was found to be 5.5%. In a study by Ibrahim A. Al-Hoqail, the prevalence was 14.71%.[11] Acne is a common skin disease that affects susceptible pilosebaceous follicles of mainly[12] teenagers and young adults. It is found worldwide. Our observation corresponds with the earlier Indian[13] study. Hair diseases were observed about 4.5% higher[13] than study of Asokem et al. Papulo-squamous disorders was observed in 4.8% patients, almost half as observed by Asokem et al.[14] but is comparable to another study. Psoriasis is a common chronic condition that affects about 1-2% of [15] the population. It can have substantial impact on [16] health related quality of life. Our miscellaneous group comprised 13.9% of the cases and included pyoderma, viral infections, icthyoses, naevi, genodermatoses, sarcoidosis, cutaneous malignancies, connective tissue disorders, various vasculitides, metabolic disorders, drug reactions, urticaria, pigmentary disorders and cutaneous tuberculosis.

Conclusion:

This present study was undertaken to determine the characteristic clinical pattern and prevalence of various dermatoses. Allergic Dermatoses were the most common skin diseases noted in the study, followed by Infective Dermatoses and Acne. In the present scenario, dermatologists are facing challenges to combat these diseases which are a burden not only to the individuals but to the nation as a whole. Depending upon pattern of skin diseases, management guidelines can be laid down by department of dermatology of any medical college/hospital to save time and reduce overall cost of treatment of various skin diseases.

References:

1. C.Kar, S.Das, and A. Roy, "Pattern of skin diseases in a tertiary institution in Kolkata," Indian Journal of Dermatology, vol. 59, no. 2, p. 209, 2014.
2. B. K. Patro, J. P. Tripathy, S. Sinha, A. Singh, D. De, and A. Kanwar, "Diagnostic agreement between a primary care physician and a teledermatologist for common dermatological conditions inNorth India," Indian Dermatology Online Journal, vol. 6, no. 1, pp. 21–26, 2015.
3. G. S. Rao, S. S. Kumar, and Sandhya, "Pattern of skin diseases in an Indian village," Indian Journal of Medical Sciences, vol. 57, no. 3, pp. 108–110, 2003.
4. T. B. Devi and G. Zamzachin, "Pattern of skin diseases in Imphal," Indian Journal of Dermatology, vol. 51, no. 2, pp. 149–150, 2006.
5. Baur B, Sarkar J, Mana N. The patterns of dermatological disorders among patients attending the skin OPD of a tertiary care hospital in Kolkata, India. IDSR Journal of Dental & Medical Sciences 2013; 3 (4):4-9.
6. Shreshta R, Lama L. Patterns of skin diseases in a rural village development community of Nepal. NJDVL. 2014; 12(1):42-44.
7. Das K K. Pattern of dermatological diseases in Gauhati Medical College & Hospital, Guwahati. IJDVL 2003;69(1):16-18.
8. Gangadharan C, Joseph A, Sarojini PA. Pattern of skin diseases in Kerala. Indian J DermatolVenereolleprol. 1976;42:49-51.
9. Karanti BK. Pattern of skin diseases in a semi-urban community of Delhi. Indian J DermatolVenereolLeprol. 1984;50:213-4.
10. Dayal SG, Gupta GP. A cross section of skin diseases in Bundelkhand region, UP. Indian J DermatolVenereol Leprol.1977;43:258-61.
11. Epidemiological spectrum of common dermatological conditions of patients attending dermatological consultations in Al-Majmaah Region (Kingdom of Saudi Arabia) Ibrahim A. Al-Hoqail, MD. 1658-3612ª 2013 Taibah University.
12. Stathakis V, Kilkenny M, Marks R. Descriptive epidemiology of acne vulgaris in the community. Australas J Dermatol .1997; 38: 115–123.
13. Asokan N. Priya P, Ajithkumar K, Ambooken B, Binesh V G, George S. Pattern of skin diseases among patients attending a tertiary care hospital in Kerala. Indian J Dermatol Venereol leprol .2009, 75:517-518.
14. Symvoulakis EK, Krasagakis K, Komninos ID, Kastrinakis I, Lyronis I, Philalithis A et al. Primary care and pattern of skin diseases in a Mediterranean island. BMC Fam Pract. 2006;7:6.
15. Grob J J, Folchetti J, Epidemiology of Psoriasis. In :Vander Kerkhof P. ed. Text book of psoriasis, London: Black Well; 1999 p.57-67.
16. Krueger G, Koo J, Lebwohl M, Menter A, Steem R S, Rolstad T. The impact of psoriasis on quality of life: results of 1998 National Psoriasis Foundation patient-membership survey. Arch Dermatol.2001; 137:280-4.