



ASSESSMENT OF DERMATOLOGICAL DISEASES IN NORTH KASHMIR. A DISTRICT LEVEL HOSPITAL BASED STUDY

Kouser Sideeq Lone*

Assistant Professor Epidemiology Department of Community Medicine GMC Baramulla *Corresponding Author

Uruj Altaf Qureshi

Assistant Professor Rural Health Training Unit Department Community Medicine GMC Baramulla

Amjad Ali

Senior Resident Department of Dermatology GMC Baramulla

ABSTRACT **Background:** Skin diseases affect people globally both in developed and developing countries but the types of skin problems differ from region to region. This study was done to assess the burden of skin diseases in rural area of Kashmir. **Methods:** A hospital based cross sectional study was conducted at district level hospital in north Kashmir. Patients coming to Dermatology OPD were selected for the study **Results:** The common skin diseases found were tinea, contact dermatitis, scabies and acne. The chronic skin diseases seen in the study population included SLE, psoriasis, lichen planus, vitiligo, melasma, xerosis and others. There was a significant association between age group and the skin lesion present. **Conclusion:** The major burden of skin diseases among our study participants in north Kashmir included both non-infectious as well as infectious lesions.

KEYWORDS : Skin disease, north Kashmir, burden

INTRODUCTION:

Skin diseases are one of the common diseases globally. There are many set of skin diseases which can occur at any age effecting people from the beginning of life to the old age. Many skin diseases are chronic and last for a life time and many are just acute manifestations both ways they have profound effect on the physical as well as psychological health of the patients. Skin disease can effect even at community level because there are many infectious Disease which manifest on skin and are easily transmitted from direct contact .the types of skin diseases accourting depend on many factors like environmental factors, geography and personal factors. Thus the burden of all skin diseases may differ from place to place. This study was done to assess the burden of different kind of dermatological conditions in rural part of Kashmir.

METHODOLOGY:

A hospital based study was done at Government medical college district Baramulla situated in north Kashmir with the district being predominantly rural. Data was collected in the department of Dermatology from the patient attending the out patient unit. The data collection was done for 2 months from February-1- 2018 to April -1-2018 .The patients were examined by the dermatologist on duty and clinically diagnosed and managed accordingly . Demographic data was collected from the patient and their clinical diagnosis was also recorded . Data was entered in Microsoft excel and analysed. Continues variables were summer used as mean with standard deviation and categorical variables were summarised as frequency distribution.

RESULTS:

A total of 1980 patients were included in the study. Around half of them were females and 49.2%were males. Majority of the patients were in the age group of 10-60years (Table1). About 20% were below 10 years of age. Many types of skin diseases were found in the study population. The common diagnosis were tinea , contact dermatitis , scabies and acne .The chronic skin diseases seen in the study population included systemic lupus erythematosus, psoriasis, lichen planus ,vitiligo, melasma ,xerosis. There was a significant association between age group and the skin lesion present. We found that regarding the common lesions which included contact dermatitis, acne among non-communicable lesions and tinea , scabies, among communicable lesions there was a significant association with age groups. Contact dermatitis was more common in age group 10 to 30 years and <10years whereas acne was more common in age group 10 to 30 years and 30 -60 years. Tinea and scabies were also common in the age group of 10 to 30 years than other groups .Among all these lesions tinea was most common in age less than 10 years. Regarding the chronic skin diseases also there was a significant difference in the age distribution. Vitiligo

was more prevalent in age less than 10 years than all other diseases which include SLE, psoriasis and lichen planus which were more common in age group 30 to 60 years.

Table 1: Demographic variables of study population

Sex	Male	Female		
	976((49.2%)	1004(50.7)		
Age distribution	<10	10-30	30-60	>60
	396(20%)	999(50.4%)	525(26.5)	60(3..31)
Mean age	26.50 ± 16.93			

Table 2: Distribution of patients on the basis of dermatological Diagnosis

Dermatological Diagnosis	Number	Percentage
Acne	198	10
Alopecia	27	1.36
Acute urticarial	32	1.6
Contact dermatitis	220	11.11
Eczema	58	2.92
Fixed drug eruption	29	1.46
Folliculitis	32	1.61
Furunculosis	56	2.82
Herpes simplex	40	2.02
Herpes zoster	76	3.83
Impetigo	41	2.07
Lichen planus	33	1.26
Lichen simplex chronicus	40	2.02
Molluscum contagiosum,	15	0.75
Milia	21	1.6
Melasma	56	2.8
Others*	162	8.18
Pityriasis alba	46	2.32
Pediculosis	15	0.75
Perniosis	20	1.01
Post inflammatory hyperpigmentation	60	3.03
Post herpes neuralgia	18	0.90
Varicella	10	0.50
Pityriasis Rosacea	42	2.12
Psoriasis	43	2.17
Scabies	220	11.11
Systemic lupus erythematosus (SLE)	14	0.70
Tinea	253	12.7
Vitiligo	31	1.56
Verruca Plana	30	1.51

Xerosis	42	2.12
Total	1980	100

*Others: navus, pyoderma, abscess, blepharitis, hemangioma, keloid, kerion, aphthous ulcer, phemphigus, burn, bullous keratopathy

Table 3: Distribution of study participants as per age group

Age group	Contact dermatitis	Acne	Scabies	Tinea	Total
<10years	70	4	70	81	225
10-30 years	86	149	105	96	436
30 -60 years	61	45	30	64	200
>60years	10	0	15	12	37
Total	227	198	220	253	898

P value <.001

Table 4: Distribution of skin diseases as per age group

Age group	Clinical Diagnosis				
	Lichen planus	SLE	Vitligo	Psoriasis	Total
<10	4	0	19	3	26
10-30	13	5	8	21	47
30-60	16	9	4	19	48
>60	33	14	31	43	121

P value <.001

DISCUSSION:

Skin diseases being common entity worldwide pose a significant burden among the diseases in community and to the health care facility. In this study we assessed the burden of different skin diseases presenting to the hospital. Our study found results similar to other studies done globally as well as in India. ^{2,3,4} we found that the main burden of skin diseases included tinea, contact dermatitis, scabies and acne in our study population and these results are consistent with other studies. ^{2,5,6,7}

There was not much difference in the proportion of males and females presenting to the Dermatology clinic in our study and this was found by other Indian studies also. ² The age group with highest prevalence of the skin diseases in our study is also consistent with other similar studies. The difference in age groups involved in various skin diseases in our study was significant and similar to other studies. The burden of most of these common skin diseases can be minimised by proper health education about personal hygiene and factors responsible for occurrence and transmission of such diseases.

CONCLUSION:

Common skin diseases present in our study were tinea, contact dermatitis, scabies, and acne. There were other sets of skin diseases also present in our study population. Many chronic skin diseases were also prevalent in good numbers.

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