ORIGINAL RESEARCH PAPER

Volume - 10 | Issue - 01 | January - 2021 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr

INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

A CROSS-SECTIONAL CLINICOEPIDEMIOLOGIC STUDY OF GENERALIZED PRURITIS AMONG THE PATIENTS ATTENDING DERMATOLOGY OPD AT A TERTIARY CARE CENTRE

Dermatology

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ABSTRACT

Pruritus is one of the most unpleasant and irritating sensation and has various underlying causes. Generalized pruritus can seriously hamper the quality of life of a person. Variety of different epidemiological characteristics can alter the causation and presentation of generalized pruritus and various cutaneous and systemic causes can lead to primary and secondary generalized pruritus. Evaluation of these epidemiological factors can help in diagnosing the underlying cause of pruritus.

KEYWORDS

Generalized Pruritus, Itch, Chronic Pruritus.

INTRODUCTION:

Pruritus is defined as an irritating or unpleasant sensation of skin leading to desire to scratch [1]. It has been classified as generalized or localized, acute or chronic, pruritus due to dermatological condition or that associated with systemic disease. It is a kind of defense mechanism of skin just like pain against harmful external stimuli. Since long it was thought that both pruritus and pain are transmitted by same nerve fibers that transmits the pain[2]. It has been found that apart from histamine various other chemical mediators are involved in transmission of itch sensations [3]. The causes for generalized pruritus varies with different age group and it is associated with various epidemiological factors. Also pruritus is a symptom secondary to underlying cutaneous or systemic pathology which may present with cutaneous signs like excoriations, crusting, hyperpigmentation, lichenification or secondary infections [4,5]. Here we have tried to delineate that epidemiological factors associated with generalized pruritus in this study.

METHODOLOGY:

This was a cross-sectional study done at a dermatology out patient department of a tertiary care hospital. All patients aged 18 years and above with complaint of generalized pruritus and who gave their consent were included in this study which was conducted for 6-month duration. Their basic demographic data was recorded and evaluation was done for etiological diagnosis of generalized pruritus. Necessary investigations like KOH staining, skin biopsy, random blood sugar, thyroid profile, complete and differential cell counts, renal and hepatic function tests and tests for HIV and other infections were done as and when required. The data was subjected to further analysis to yield the results.

RESULTS:

We found total one fifty patients presenting with complaint of generalized pruritus during the study period out of which 80 were male and 70 were females. Out of total patients majority belonged to age group 31-50 years with 45% males and 48% females in this age group. The second most common age group was from 51-70 years and 18-30 years was third most common. Out of total males 52.5% were laborer while, 32.5% were doing skilled job and 7.5% were associated with business and farming. In females, majority were house wife (75.7%), while 14.3% were laborer. Majority of males and females were having education till secondary school (37% and 40% respectively), while proportion of females in illiterate group was more (30% versus 23% respectively) and males with higher education was more as compared to females (8% vs 4%). 45 % of males and 51% of females belonged to lower socio-economic class while 37% of males and 33% of females belonged to middle class and rest to upper class. Coming to etiological diagnosis diseases varied ranging from xerosis to erythroderma and HIV. The most common cause in both males and females was scabies (31.25% and 32.8%). The second most common cause was erythroderma secondary to various etiologies out of which contact dermatitis was commonest in males and psoriasis in females. The third most common cause was atopic dermatitis in both males and females. Urticaria was also commonly associated with generalized pruritus in both males and females. Other diseases associated with pruritus was senile xerosis, hepatogenic and renal pruritus. Endocrine disorders like diabetes malitus and hypothyroidism was also associated with generalized pruritus and infections like HIV was also seen as causative factor for generalized pruritus.

Disease		Male	Female	Male %	Female %
XEROSIS		6	5	7.5	7.2
ATOPIC DERMATITIS		8	6	10	8.5
SCABIES		25	23	31.25	32.8
ERYTHRODERMA	AIR BORN CONTACT DERMATITIS	5	1	6.25	1.52
	PSORIATIC	4	5	5	7.14
	CONTACT DERMATITIS	6	2	7.5	2.85
	DERMATOPHYTOSIS	5	4	6.25	5.7
URTICARIA		7	6	8.75	8.5
HEPATIC		4	5	5	7.1
RENAL		2	3	2.5	4.2
PRURIGO SIMPLEX		3	2	3.75	2.85
PRURIGO NODULARIS		1	2	1.25	2.85
HIV		1	1	1.25	1.52
ENDOCRINE DISEASE	DIABETES	2	3	2.5	4.40
	HYPOTHYROIDISM	1	2	1.25	2.85
TOTAL		80	70	100	100

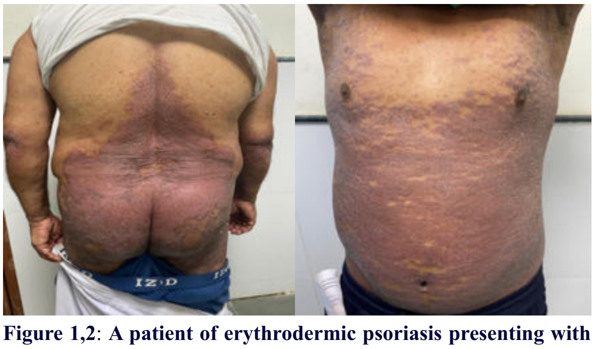

Figure 1,2: **A patient of erythrodermic psoriasis presenting with generalised pruritus**

DISCUSSION:

Etiological causes of generalized pruritus varies from as simple causes as scabies to dreaded conditions like HIV infections and malignancy. Various epidemiological factors can also affect the presentation and proportion of patients of generalized pruritus. In our study we found scabies as the most common cause of generalized pruritus with erythroderma the second most common cause and atopic dermatitis as third most common cause. The proportion of patients having other causes like endocrine diseases, HIV, psych cutaneous diseases and systemic causes was also significant.

CONCLUSION:

Pruritus is the most common cutaneous symptom, yet it is difficult to diagnose and manage. Visible skin lesions are not always present, and itch might be a dermatologic manifestation of any of a broad array of systemic diseases. Although itch most commonly resulted from scabies and erythroderma the systemic differential diagnosis reaches as far as HIV, hepatic and renal pruritus, and endocrine disorders. Frequently ignored, pruritus has the potential to severely compromise quality of life. Chronic itch can be just as debilitating as chronic pain.

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