

Frequency of Acanthosis Nigricans in Obese and Non-Obese patients

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ABSTRACT

Aim: To determine the frequency of acanthosis nigricans in Obese and non-obese patients.

Study design: Observational descriptive study

Place of study: Study was conducted in the Department of Dermatology, Mayo hospital, Lahore.

Duration of study: 6 months and Data were collected from the 21st April 2009 to October 2009.

Methods: Out of 600 patients 300 Obese and 300 non-obese patients were selected for this study. Detailed history was taken and thorough clinical examination and relevant investigations were performed.

Results: In obese patients the mean age of patients was 37.4 ± 13.0 standard deviation. In non-obese patients the mean age was 30.9 ± 15.6 of standard deviation. In obese group the most common patients were females 161(53.7%) as compared to males 139(46.3%). In non-obese patients the most common males 193(64.3%) followed by females 107(35.7%).

Conclusion: Frequency of Acanthosis Nigricans is more common in obese patients as compared to non-obese patients.

Keywords: Acamtpos mogrocams, obese, non-obese

INTRODUCTION

Acanthosis Nigricans is hyperpigmented, velvety connective tissue thickening simply determined on sure components of the body, together with the axillae, sides of the neck, groin, hinge joint and hinge joint surfaces, point space, and, in additional severe cases, even meet the entire body and tissue layer surface. Within the literature, disease of the skin is reported to be closely related to fatness as a manifestation of connective tissue hormone resistance¹. Disease of the skin was originally planned by Unna, but the first case was delineated by Pollitzer and Janovsky in 1891² it's normally seen on the neck, within the axilla and groin. It might even be found on the elbow, knee and knuckles^{3,4,5}. Disease of the skin is way a lot of common in folks with darker skin pigmentation⁶. The association of disease of the skin (AN) with several diseases like malignant tumors, obesity, hormone resistance and polygenic disorder, hyperandrogenism, and different endocrinopathies has received the eye of the many investigators for the past one hundred years⁷⁻¹⁹. Disease of the skin most typically happens in folks that area unit overweight. Management of weight through exercise and healthy uptake will create the thickened skin depart and improve your gift and future health. Fatness puts folks at higher risk for top force per unit area, heart attacks Associate in nursing

polygenic disorder and may shorten an individual's life expectancy²⁰ it's taken without any consideration that fatness typically comes before the looks of Associate in Nursing of connective tissue hormone resistance²¹. UN agency defines fatness as abnormal or excessive fat accumulation that will impair health²². In most of the Asian countries, prevalence of fatness has inflated several folds since previous few decades²³. Prevalence in urban Pakistani population has been recorded to be 22-37%^{24,25}. With a rising incidence of fatness everywhere the globe, few regional studies are conducted regarding connective tissue manifestations of obesity. Restricted work has been done on this subject in our a part of the planet. This study adds to presently accessible literature from Pakistan so this study planned and aimed to see the frequency of disease of the skin in Obese and non-obese patients.

MATERIALS AND METHODS

This study was conducted in the Department of Dermatology, Mayo Hospital, Lahore. Data were collected from the 21st April 2009 to October 2009. Sampling technique was Non-probability purposive sampling. Inclusion criteria include Obese and non-obese patients of either sex including all ages can participate in the study after getting informed consent and those who refused to participate in the study were excluded from the study Exclusion criteria include any type of topical therapy taken during the

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last fifteen days and any systemic treatment during the last one month. Three hundred obese and three hundred non-obese patients were selected from Department of Dermatology, Mayo Hospital Lahore. Prior informed written consent was taken from all the patients. Patient's weight and height was measured with the help of weighing machine and measuring tape respectively and BMI was measured using formula: Weight in kilograms / square of height in meters. Proforma was used for recording the findings on history and examination including height and weight of patients. Data was stratified for age to address effect modifiers. All the calculations were done on SPSS version 20 and analyzed accordingly.

RESULTS

Out of 600 patients 332 males and 268 females were selected for the study showed in Table 2. In Obese group the most common patients were females 161(53.7%) as compared to males 139(46.3%). In non-obese patients the most common males 193(64.3%) followed by females 107(35.7%). Table 1 showed that in obese patients the most common age group was 31-40yrs, 99(33%) and second most common age group was 21-30yrs, 72(24%) and third common age group was 41-50yrs 53(17.7%) was found. In non-obese patients the most common age group was 21-30yrs, 94(31.3%) and the second most common age group was 11-20yrs, 78(26%) and third common age group 31-40yrs, 43(14.3%) were found. In obese patients the mean age of patients was 37.4 ± 13.0 standard deviation while in non-obese patients the mean age was 30.9 ± 15.6 of standard deviation.

Table 1: Age wise distribution of obese and non obese patients

Age (years)	Obese patients	Non obese patients
1-10	0	12(4%)
11-20	32(10.7%)	78(26%)
21-30	72(24%)	94(31.3%)
31-40	99(33%)	43(14.3%)
41-50	53(17.7%)	38(12.7%)
51-60	33(11%)	23(7.7%)
61-70	7(2.3%)	10(3.3%)
71-80	4(1.3%)	2(0.7%)

Table 2: Gender variation in obese and non-obese group

Gender	Obese patients	Non obese patients
Male	139(46.3%)	193(64.3%)
Female	161(53.7%)	107(35.7%)
Total	300(100%)	300(100%)

Table 3: Frequency of Acanthosis Nigricans in obese and non-obese group

Acanthosis Nigricans	Obese patients	Non obese patients
Yes	199(66.3%)	41(13.7%)
No	101(33.7%)	259(86.3%)

Table 3 showed that Acanthosis Nigricans was the most common disorder seen in obese group 199(66.3%) as compared to 41(13.7%) non-obese group. Remaining obese patients 101(33.7%) and non-obese patients 259(86.3%) did not find any finding.

DISCUSSION

The prevalence of fatness, that is outlined as a body mass index (body weight in kilograms divided by sq. of height in meters) of thirty kg/m² or bigger has considerably exaggerated within the western world over the past few decades(26) in line with a survey by WHO the worldwide prevalence of fatness (BMI >30kg/m²) was eighty seven in 1999-2000(27). Pakistan demographic survey, conducted in 2002 showed that twenty eight.6% of young adult population in our country is rotund.(28)In our study the mean age of the patients in rotund cluster was 37.4 ± 13.0 years and in non rotund cluster was 30.9 ± 15.6 years. within the rotund cluster we have a tendency to had forty six. 3% male patients and fifty three. Seven percent feminine patients whereas in non rotund cluster, there have been sixty four.3 man patients and three5.7% feminine patients. associate is reported to be closely related to fatness²⁹. Additionally, endocrinopathies, malignancy (most oft viscous malignant neoplastic disease in adults), genetic syndromes, and also the use of medication can also cause the event of associate^{30,31,32,33,34}. it's varied causes. Its frequency in fatness is exaggerated owing to hyperinsulinism and internal secretion resistance³⁵. Associate was found in sixty six.3% rotund as compared to thirteen. Seven percent non rotund patients in our study. this is often comparable the study done by Khalifa et al³⁶ who disbursed a prospective study within which he analyzed information of seventy five patients. associate was seen in 66% rotund and a pair of.85% non rotund patients. They discovered that frequency of associate will increase with the rise of BMI and regarded it an indication of impaired aldohexose metabolism owing to internal secretion resistance. Skin care in rotund patients demands explicit attention as a result of morbidity, associated systemic diseases and susceptibility to infections^{37,38}.

CONCLUSION

It was concluded that the frequency of Acanthosis Nigricans is more common in obese patients as compared to non-obese patients.

REFERENCES

1. Guran T, Turan S, Akcay T, Bereket A. Significance of acanthosis nigricans in childhood obesity. *J Paediatr Child Health* 2008;44:338e41.
2. Burke JP, Hale DE, Hazuda HP, Stern MP. A quantitative scale of acanthosis nigricans. *Diabetes Care* 1999;22:1655-9.
3. Burke J.P., Hale D.E., Hazuola H.P. and Stern M.P. A quantitative scale of acanthosis nigricans. *Diabetes care* 1992, 22: 1655 – 1658.
4. Stuart C.A., Driscoll M.S., Lundquist K.F., Gilkison C.R., Shaheb S. and Smith M.M.
5. Acanthosis nigricans. *J. Basic Clin Physiol Pharmacol* 1998; 9: 407 – 418.
6. Stuart C.A., Gilkison C.R. and Smith M.M. Acanthosis nigricans as a risk factor for non-insulin dependent diabetes mellitus. *Clin Pediatr (Phila)* 1998; 37: 73 – 79.
7. Nguyen T.T., Keil M.F., Russell D.L. Relation of acanthosis nigricans to hyperinsulinemia and insulin sensitivity in overweight African American and white children. *J Pediatr* 2001; 138: 474-480.
8. Brown J, Winkelmann RK. Acanthosis nigricans: a study of 90 cases. *Medicine* 1968;47:33-51.
9. Tabandeh H, Gopal S, Teimory M, Wolfensberger T, Luke IK, Mackie I, et al. Conjunctival involvement in malignancy-associated acanthosisnigricans. *Eye* 1993;7:648-51.
10. Groos EB, Mannis MJ, Brumley TB, Huntley AC. Eyelid involvement in acanthosis nigricans. *Am J Ophthalmol* 1993;115:42-5.
11. Flier JS, Young JB, Landsberg L. Familial insulin resistance with acanthosis nigricans, acral hypertrophy and muscle cramps. *N Engl J Med* 1980;303:970-3.
12. Barbieri RL, Ryan KJ. Hyperandrogenism, insulin resistance, and acanthosis nigricans syndrome: a common endocrinopathy with distinct pathophysiologic features. *Am J Obstet Gynecol (Review)* 1983;147:90- 101.
13. Grasinger CC, Wild RA, Parker IJ. Vulvar acanthosis nigricans: a marker for insulin resistance in hirsute women. *Fertil Steril*1993;593:583-6.
14. Conway GS, Jacobs HS. Clinical implications of hyperinsulinemia in women. *Clin Endocrinol (Oxford)* 1993;39:623-32.
15. Annos T, Taymor ML. Ovarian pathology associated with insulin resistance and acanthosis nigricans. *Obstet Gynecol* 1981;58:662-4.
16. Imperato-McGinley J, Peterson RE, Sturla E, Dawood Y, Bar RS. Primary amenorrhea, associated with hirsutism, acanthosis nigricans,dermoid cysts of the ovaries and a new type of insulin resistance. *Am J Med* 1978;65:389-95.
17. Barbieri RL. Hyperandrogenism, insulin resistance and acanthosis nigricans: 10 years of progress. *J Reprod Med* 1994;39:327-36.
18. Hud JA Jr, Cohen JB, Wagner JM, Cruz PD Jr. Prevalence and significance of acanthosis nigricans in an adult obese population. *ArchDermatol* 1992;128:941-4.
19. Brown J, Winkelmann PK, Randal RF. Acanthosis nigricans and pituitary tumors: report of eight cases. *JAMA* 1966;198:619-23.
20. Ober KP. Acanthosis nigricans and insulin resistance associated with hypothyroidism. *Arch Dermatol* 1985;121:229-31. Medical opinion of Savannah River Dermatology.
21. Chung-Hsing Wang,a,b, Wei-De Lin c,d,h, Da-Tian Bau e, Appearance of acanthosis nigricans may precede obesity: An involvement of the insulin/IGF receptor signaling pathway Available online at www.sciencedirect.com Bi o M e d i c i n e 3 (2 0 1 3) 8 2 e8 7
22. World Health Organization, "Obesity and Overweight, Fact Sheet No. 311," 2014.
23. Ramchandran A, Snehalatha C. Rising burden of obesity in Asia. *J Obes*.2010;2010.
24. Nanan DJ. The Obesity Pandemic-Implications for Pakistan. *J Pak Med Assoc*.2002;52:342-6.
25. Furqana Niaz, Nadia Shams, Sobia Qureshi, Dermatological manifestations of obesity Journal of Pakistan Association of Dermatologists. 2015;15 (2):90-95.
26. Hanlon P. Byers M, Walker BR, Summerton C. Environment and nutritional factor in disease. In: Boon NA, CoUedge NR. Walker BR, editors. *Davidson's Principles and practice of medicine*. 20,h ed. New Delhi: Churchill Livingstone; 2006: 93-127.
27. Aman R, Boustani F. Prevalence of obesity and dietary practices in Jondi-Shapour University female personnel, Ahvaz, Iran. *Pak J Med sci* 2008;24:748-52.
28. Shafi S, Rao MH, Soomro IBM. The effect of life style and socioeconomic factors in the development of obesity in young adults. *Pak J Med Res* 2004; 43: 65-9.
29. Guran T, Turan S, Akcay T, Bereket A. Significance of acanthosis nigricans in childhood obesity. *J Paediatr Child Health* 2008;44:338e41.
30. Schwartz RA. Acanthosis nigricans. *J Am Acad Dermatol* 1994;31:1e19.
31. Schwartz RA. Acanthosis nigricans. In: Demis DJ, editor. *Clinical dermatology* (unit 12e26). 18th ed. Philadelphia: JB Lippincott; 1999. p. 1e11.
32. Tasjian D, Jarratt M. Familial acanthosis nigricans. *Arch Dermatol* 1984;120:1351e4.
33. Skiljevic DS, Nikolic MM, Jakovljevic A, Dobrosavljevic DD. Generalized acanthosis nigricans in early childhood. *Pediatric Dermatol* 2001;18:213e6.
34. Bins J, Badawi RA, Chase AR, Watson T. Acanthosis nigricans associated with acute myeloid leukemia. *Eur J Int Med* 2004;15:473.
35. Kahn CR, Flier JS, Bar RS. The syndromes of insulin resistance and Acanthosis nigricans: insulin-receptor disorders in man. *N Engl J Med* 1976; 294: 739-45.
36. Khalifa E, Sharquie, Albayatti A, Asmaa. The frequency of skin manifestations among patients with polycystic ovary syndrome. *J Saudi Soc Dermatol Dermatologic Surg* at: http://www.jssdds.org/index.php?option=com_medi&taskdownloaded on 30-06-2010.
37. Pender JR, Pories WJ. Epidemiology of obesity in the United States. *Gastroenterol Clin North Am*. 2005;34:1-7.
38. Garcia-Hidalgo L. Dermatological complications of obesity. *Am J Clin Dermatol*. 2002;3:497-506.