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ORIGINAL ARTICLE

Frequency of Different Dermatosis Presented at OPD in Sir Syed Hospital Qayoomabad

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ABSTRACT

Objective: To determine the frequency of different dermatosis presented at OPD during one year at Sir Syed Hospital Qayyumabad.

Methods: This retrospective study was conducted at dermatology OPD of Sir Syed hospital Qayoomabad. A one-year data of the patients who were presented with different dermatosis during January 2018 to December 2018 of either gender was studied to observe the commonest dermatological disease during these 12 months. A self-made questioner was used for the data collection and SPSS version 26 was used for the analysis of the data.

Results: A total of one-year of retrospective data regarding dermatological diseases was studied. The average age of the patients was found 30.23+12.22 years. Females were in majority 1942(66.4%), while males were 982(33.6%). Dermatological disease mostly observed during July to December. Acne, Scabies, Urticaria, Tinea corporis, Acne vulgaris, Melasma, Tinea cruris and Eczema were found frequently high. Acne was most common from February to October, scabies was most common from May to December, Melasma was most common from June to December, furuncles were most common from June to July, Pityriasis versicolor was most common from September to October, and Tinea cruris was most common from July to November (p0.001).

Conclusion: As per the study conclusion, the young females mostly visited the dermatology OPD. Acne, Scabies, Urticaria, Tinea corporis, Acne vulgaris, Melasma, Tinea cruris, and Eczema were observed to be the most frequent diseases, and the disease frequency observed varied as per seasonal variations.

Keywords: Dermatosis, season, retrospective, audit,

INTRODUCTION

Dermatological problems are common: one out of every three general practice patients have at least one.[1] Epidemiological research on the total prevalence of skin diseases, on the other hand, are scarce.[1] The skin is the body's largest organ, and it serves a variety of essential and immunological activities. Many systemic disorders have their earliest signs and symptoms on the skin.[1] Allergic and immunologic skin illnesses have a significant impact on patients' quality of life (QoL), with serious implications.[2] Despite this, in ordinary clinical practice, the assessment of QoL is frequently disregarded. Given the rising prevalence of dermatitis, contact dermatitis, inherited angioedema, cutaneous macrocytosis, and urticaria, it's critical to figure out how allergic and immunologic skin disorders affect people's quality of life.[2] Epidemiology is one of the most effective direct ways for assessing skin disorders in the human population.[3] Children under the age of 15 make up a large section of our population and are susceptible to a wide range of skin problems.[4] Pediatric dermatology is a distinct discipline in Pakistan that has never existed before.[4] Physiologic and structural alteration that happens as a natural result of intrinsic ageing, along with the impact of a lifetime of cumulative extrinsic damage and environmental insult (like over sun radiational exposure), can cause a marked sensitivity to dermatologic problems in the elderly.[5,6] The causes for this are complicated and unclear.[5,7] Different ecological elements such as the environmental, economic, literacy, and social conventions all influence the skin disease prevalence in a community.[8,9] Apart from that, overcrowding and inadequate sanitation are significant contributors in the spread of skin disorders in poorer nations and the skin disease patterns differ from nation to nation and from area to region within the same country.[8,10] Dermatology consultations play an important role in the identification and treatment of in-patients from a variety of clinical specialties.

Skin disorders reduce productivity because they take time away from work or leisure activities for patients and caregivers to seek medical attention. Many of these problems make it difficult to do things on a daily basis. The worth of the individual's forfeited future wages owing to premature mortality must also be evaluated in circumstances where a skin ailment results in death.[11] Inter-departmental dermatological consults are desperately needed to reduce morbidity and enhance the quality of a patient's stay in the hospital.[10] Knowing the pattern of skin disorders in inpatients can assist the main clinician in recognizing when dermatological consultation is required.[12] Although this study has been conducted to evaluate the frequency of different dermatosis presented at OPD in Sir Syed hospital Qayyumabad.

PATIENTS AND METHODS

This retrospective study was conducted at the dermatology OPD of Sir Syed Hospital Qayoomabad. A one-year data of the patients who were presented with different dermatological disease during January 2018 to December 2018 of either gender were included, to observe the commonest dermatological diseases during these twelve months. Incomplete and un-under stable information was excluded. The study was conducted after taking ethical approval from the ethical review committee of the hospital. A self-made questioner was used for the data collection and SPSS version 26 was used for the analysis of the data.

RESULTS

A total of one-year retrospective data regarding dermatological diseases was studied. The average age of the patients was found 30.23+12.22 years. Of all the females, were in majority 1942(66.4%), while males were 982(33.6%). Table.1

According to the monthly based information, the majority of the patients having dermatological disease were observed during the July to December duration, while in the following months the frequency was high in the month of April, as shown in the table. 2

According to the frequency of disease, acne, scabies, urticaria, Tinea corporis, Acne vulgaris, Melasma, Tinea cruris, and eczema were found frequently high, results shown in the table. Scabies was found to be significantly high in the months of May to December. Melasma was found to be significantly higher in the months of June to July. Pityriasis versicolor was commonly found in the months of September to October. Acne vulgaris was found to be significantly higher in the months of August to December.

Tinea cruris was mostly seen in the months of July to November (p-0.001).

Table 1: Average age and gender distribution of the patients n=2924

Demographic characteristics		Statistics
Age (average)		30.23+12.22 years
Gender	Males	982(33.6%)
	Females	1942(66.4%)
Total		2924(100.0%)

Table 2: Patients' frequency as per months basis n=2924

Months	No. of patients	(%)
January	125	4.3
February	139	4.8
March	68	2.3
April	222	7.6
May	169	5.8
June	177	6.1
July	320	10.9
August	225	7.7
September	379	13.0
October	491	16.8
November	346	11.8
December	263	09.0
Total	2924	100.0%

Table 3: Frequency of different dermatosis n=2924

Skin diseases	N.	%	Skin diseases	N.	%	Skin diseases	N.	%
Sub dermatitis	42	1.4	Chicken pox	11	.4	Callosities	5	.2
Tinea capitis	45	1.5	Acne scars	19	.6	Insect bite	2	.1
Folliculitis	31	1.1	Urticaria	45	1.6	Stye	1	.0
Tinea corporis	136	4.7	Vitiligo	13	.4	Vaginal erosion	6	.2
lichen nitidus	9	.3	Blisters	2	.1	lichen planus	36	1.2
Hand eczema	25	.9	Furuncle	54	1.8	Pustules	2	.1
Postherpetic neuralgia	1	.0	Herpes zoster	30	1.0	Ichthyosis	3	.1
Boils	57	1.9	Plantar warts	18	.6	Cracked heels	3	.1
Chronic urticaria	11	.4	Molluscum contagiosum	16	.5	PPD	2	.1
Extranumerary nipple	2	.1	Eczematous rush	3	.1	Oral candidiasis	2	.1
Scabies	252	8.6	Plaque psoriasis	8	.3	Pyogenic granuloma	8	.3
Hypotrichosis	1	.0	Hyperhidrosis	2	.1	hirsutism	2	.1
Pediculosis	24	.8	Burn	15	.5	lichen amyloidosis	7	.2
Paronychia	19	.6	Recurrent boils	4	.1	ingrown nails	5	.2
Allergic rash	31	1.1	Skin pigmentation	21	.7	Aphthous ulcer	2	.1
Acne	209	7.1	Dandruff	9	.3	lipoma	5	.2
AGA	1	.0	keloids	48	1.6	Moles	1	.0
Dark complexion	8	.3	Erythema multiforme	1	.0	Drug reaction	14	.5
Pruritus	25	.9	Alopecia	14	.5	Acne vulgaris	188	6.4
Hair fall	44	1.5	Pityriasis	2	.1	Freckles	21	.7
Intertrigo	54	1.8	Tinea pedis	23	.8	Tinea imbricata	1	.0
Viral exanthem	14	.5	Pityriasis alba	21	.7	keratosis pilaris	10	.3
Comedonal acne	6	.2	Warts	20	.4	Impetigo	16	.5
Truncal acne	17	.6	FDE	6	.2	CD	69	2.4
Acute urticaria	25	.9	Venous eczema	5	.2	SD	34	1.2
Morphea	1	.0	Scrofuloderma	2	.1	Mastitis	1	.0
Acanthosis nigricans	1	.0	Photo sensitivity	1	.0	Atrophic derma	1	.0
Macular amyloidosis	4	.1	Nodular prurigo	1	.0	Steroid induced acne	21	.7
Melasma	154	5.3	Segmental pain	1	.0	Tanning	6	.2
Tinea cruris	102	3.5	irritant contact dermatitis	1	.0	DHL	40	1.4
Keratosis pilaris	1	.0	Ulcer on leg	5	.2	IBR	19	.6
Papular urticaria	26	.9	Pompholyx	14	.5	Xerosis	12	.4
E minor	1	.0	White head	2	.1	Cellulitis	14	.5
Eczema	186	6.4	Angio edema	7	.2	Napkin dermatitis	7	.2
Peri orbital	11	.4	Infected toe	8	.3	UTI	2	.1
Psoriasis	25	.9	Pigmented lips	4	.1	Shoe dermatitis	2	.1
Tinea faciale	29	1.0	Pityriasis versicolor	41	1.4	Generalized	2	.1
Miliaria	26	.9	Vesicular eruption	1	.0	Carbuncle	7	.2
Skin tags	11	.4	Face whitening	1	.0	Neonatal erythema	1	.0
Onychomycosis	91	3.1	ICD	5	.2	Trachyonychia	1	.0
Tinea manuum	4	.1	PIH	28	1.0	Candidiasis	2	.1
Infected wound	13	.4	Wrinkles	1	.0			

DISCUSSION

The impact of skin illnesses and associated repercussions on an individual's quality of life is important.13 These issues vary from aesthetic issues like dry skin, wrinkles, and pigmentation to chronic or acute illnesses that might be disfiguring but aren't always lethal.13 In this study, one-year retrospective data regarding dermatological diseases was studied and the overall average age of the patients was 30.23+12.22 years. Females were in majority 1942(66.4%), while males were 982(33.6%). Consistently, Maryum H et al13 conducted the study to identify out the prevalence of skin disorders, in their study, females were 936 (54%) and males were 797 (46%), as well as children were 728 (42%) and adults were 1005 (58%), while they did mention the average age. On the other hand, Ahmed I et al[3] reported that the participants were of various ages and genders, as females were in the majority at 6684 (51%) and males were 6421 (49%). Inconsistently, Javed M et al[4] reported that during calendar year 2005, 830 instances of paediatric dermatology were observed, and there were boys in the majority, 539(65%) and girls were 291(35%), this gender difference may because, their study was only on children, whose age range was only 1 to 15 years.4 In this study, according to the frequency of disease, acne, scabies, urticaria, Tinea corporis, Acne vulgaris, Melasma, Tinea cruris, and eczema were found frequently high. On the other hand, Poudyal Y et al14 reported that the most frequent dermatoses were fungal infections; eczema and acne were the most common, as 18.5%, 14.4%, and10.1% respectively. In the study of Ahmed, I et al3 reported that scabies was discovered to be the most frequent illness as a distinct entity (15.4%). Eczema, meanwhile, represented 25% of the participants, followed by the 12.6% fungal infections, 4.5% of bacterial

infections, and 8.5% of acne. Among the other commonest diseases, 4% were melasma, 2.7 % diffuse alopecia, 3.2% androgenetic alopecia, 2.1% psoriasis, 2.4% urticaria, 1.7% viral infections, 1.5% alopecia areata, 1.3% vitiligo and 1.3% lichen planus, while other less frequent diseases were reported as pediculosis, Drug-induced eruptions, vasculitis, striae, post-inflammatory hyperpigmentation or hypopigmentation, ulcer of the mouth, pruritus, palmoplantar keratoderma, miliaria, xanthelasma, keloid, leprosy, and leishmaniasis. In the study of Aman S et al15 reported that out of all, Eczema was diagnosed in1.17% of the participants, 20,178 (28.16%) of the cases had viral, fungal, bacterial, and sexually transmitted infections, 4830 (6.74%) participants had drug reactions, 7910 (11.03%) patients presented with acnes, 2910 (4.06%) had urticaria, and 2739 (3.82%) of the cases had pigmentary disorders like melasma, vitiligo and lichen planus, 2724 (3.80%) cases had psoriasis, followed by the connective tissue disease in 0.90% of the cases; and 1.66% had bullous illnesses, while the bulk of the individuals had extensive eczema and infectious illnesses when they arrived.15 In the study of Roongpisuthipong W et al16 reported that during in the COVID-19 global epidemic years, the proportions of xerosis cutis, including other skin infections (syphilis and parasitic infections), nails and hair disorders, pigmentary diseases, drug eruptions and skin benign tumours decreased significantly, while the proportions of other dermatosis like acne, viral infection, urticaria, psoriasis, Vesiculobullous and fungal infections and autoimmune diseases enhanced. In this study according to the monthly based information, the majority of the patients having dermatological disease observed during July to December, particularly as the acne were found in the months of February to October, scabies was found significantly high in the months of May to December, Melasma was observed significantly high in the months of June to December, furuncle was frequently high in June to July, Pityriasis versicolor was commonly found in months of September to October, Acne vulgaris were seen significantly high in months of August to December, Tinea cruris mostly were seen in month of July to November (p-0.001). Different dermatological infections might be caused by such weather.[13] Karachi's population is diverse, with residents representing several ethnic groups and hailing from various parts of Pakistan.13 Diseases like leishmaniasis are transferred from endemic locations due to this cause. Other contributing factors include a lack of health knowledge, poverty, illiteracy, inadequate cleanliness, and communal living.[13]

CONCLUSION

As per the study conclusion, the young females mostly visited the dermatology OPD. Acne, Scabies, Urticaria, Tinea corporis, Acne vulgaris, Melasma, Tinea cruris, and Eczema were observed to be the most frequent diseases, and the disease frequency observed varied as per seasonal variations. Taking the several limitations of the study, further large-scale studies are recommended on this subject. Proper audits of the disease are very helpful for the development of prevention strategies and management plans.

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