

The Pattern of Skin Disorders in a Tertiary Care Teaching Hospital in Bangladesh

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Abstract

Pattern of skin diseases vary from region to region, depending on social, economic, racial and environmental factors. Types of skin diseases are influenced by various factors that have a profound effect on individuals and the community. So far, no such report is available in our country for Brahmanbaria region. To assess the pattern of skin diseases most commonly encountered in Dermatology & Venereology Out Patient Department (OPD), a descriptive study was carried out. All the newly diagnosed cases attending the OPD of Dermatology and Venereology, Brahmanbaria Medical College Hospital, irrespective of gender and age from 1st July to 31st December 2018 were included in the study. Nine hundred and forty patients were enrolled during the study period. Diagnosis was made on clinical basis. Lab investigations were restricted to the cases where it carried diagnostic importance. The data was collected through pre-designed questionnaire and SPSS version 22 were used for the analysis. Among 940 patients, 446 (47.44%) were male and 494 (52.55%) were female. Fungal infection (40%) was found to be the most common skin disease followed by acne vulgaris (10.42%), viral infection (9.89%), eczema (9.04%), scabies (9.04%), urticaria (7.02%), seborrheic dermatitis (3.40%), melasma (3.40%), bacterial infection (3.08%), alopecia (1.59%), psoriasis (0.74%), lichen planus (0.74%), vitiligo (0.53%), drug reaction (0.53%), pediculosis (0.53%). Infective dermatoses are the common dermatological manifestation and among the infective skin disorders fungal infections were the commonest group.

Keywords: *Pattern of skin diseases, Infective dermatoses, Non-infective dermatoses.*

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Introduction

Skin diseases and their complications are an enormous burden on the health system of the various nations. It is one of the foremost common health problems seen within the developing countries. The prevalence of disease of the skin in any region or country depends on various

factors, like economy, literacy, racial and social customs, nutritional status and climate.¹⁻³ Pattern of skin diseases vary from country to country. Even within the equivalent country it differs from region to region. Geographical factors like season and climate also contribute to the increased prevalence of certain kind of skin disease in a particular area. In Bangladesh aside from hot and humid climatic condition, low hygiene, poor access to water, overcrowding, high interpersonal contact also play significant etiological role in causing skin diseases like eczema, urticaria, scabies, mycosis.⁴⁻⁸ By undertaking a retrospective survey of skin diseases during this environment, this study was administered with the aims to assess the pattern of skin diseases in patients visiting the Dermatology and Venereology OPD of a tertiary care teaching hospital in regard to basic demographic characteristics and seasonal conditions. This study was designed to identify the common skin diseases affecting various age groups in this locality and supply accurate baseline data for planning intervention.

Methods

This study was undertaken in the outpatient department of Dermatology & Venereology, Brahmanbaria Medical College. The study group comprises 940 patients attending in the outpatient department, Brahmanbaria Medical College, during period of 1st July 2018 to 31st December 2018. Permission was taken from the hospital authority of the Brahmanbaria Medical College Hospital prior to start this research. All the cases were subjected to thorough history taking including name, age sex, address, religion,

economic status of the family along with chief complaints, total duration of disease, related past, family and treatment history, complete general, physical, local and systemic (where necessary) examination. Investigations were done where necessary. All newly diagnosed cases as well as relapsing cases presenting with skin diseases, all ages and both sexes, with patient/guardian giving verbal consent for the study, were included. Cases of burns, congenital/traumatic dermatological problem, acute febrile exanthematic rashes, psycho-sexual disorder, STD and patients visiting the facility as follow up for the same skin problem were excluded. Data were collected on special proforma and analyzed by using appropriate method.

Results

Table I showing that among study population, 446 (47.44%) were male and 494 (52.55%) were female.

Table I Distribution of the patients according to the age & sex (n= 940)

Age group	Male	Female	Total
0-15	58 (6.17%)	68 (7.23%)	126
16-30	112 (11.91%)	134 (14.25%)	246
31-50	137 (14.57%)	95 (10.10%)	232
51-65	139 (14.78%)	197 (20.95%)	336
Total	446 (47.44%)	494 (52.55%)	940

Table II and III showing fungal infection (40%) found to be the most common skin disease followed by acne vulgaris (10.42%), viral infection (9.89%) eczema (9.04%), scabies (9.04%), urticaria (7.02%), seborrheic dermatitis (3.40%), melisma (3.40%), bacterial infection (3.08%), alopecia (1.59%), psoriasis (0.74%), lichen planus (0.74%), vitiligo (0.53%), drug reaction (0.53%), pediculosis (0.53%).

Table II Incidence of non-infective skin diseases

Disease	Number of patient	Percentage
Eczema	85	9.04%
Seborrheic dermatitis	32	3.40%
Acne vulgaris	98	10.42%
Urticaria	66	7.02%
Drug reaction	05	0.53%
Psoriasis	07	0.74%
Lichen planus	07	0.74%
Melasma	32	3.40%
Vitiligo	05	0.53%
Alopecia	15	1.59%
Total	352	37.44%

Table III Incidence of infective skin diseases

Disease	Number of patient	Percentage
Fungal infections	376	40%
a) Tinea capitis	44	4.68%
b) Tinea corporis	52	5.53%
c) Tinea cruris	39	4.14%
d) Tinea pedis	22	2.34%
e) Onychomycosis	19	2.02%
f) Candidiasis	102	10.85%
g) Pityriasis versicolor	98	10.42%
Bacterial infection	29	3.08%
a) Impetigo	19	2.02%
b) Folliculitis	10	1.06%
Viral infection	93	9.89%
a) Herpes simplex	24	2.55%
b) Varicella	27	2.87%
c) Herpes zoster	42	4.46%
Parasitic infection	90	9.57%
a) Scabies	85	9.04%
b) Pediculosis	05	0.53%
Total	588	62.55%

Discussion

The pattern of common skin diseases in a tertiary care teaching hospital in Bangladesh has been identified in the current study. During analysis of 940 patients the pattern of skin diseases was higher in females (52.55%) than in males (47.44%). This finding was similar with other studies.^{9,10} The prevalence of various skin diseases varies according to geographical area and usually related to many factors including race, environment and socioeconomic factors of populations. In this study it was found that infectious patients were more than non-infectious patients. Among the infectious group fungal infection is the commonest (40%) form of dermatological presentation followed by viral infections (9.89%), scabies (9.04%) and pyoderma (3.08%). The warm and humid climate of the country contributed to the higher proportion of fungal infections in this population. This findings were similar with other studies.¹¹⁻¹⁴ In infectious disease, parasitic disease scabies were seen in 9.04%. This may be due to overcrowding, poor socio-economic status and poor personal hygienic standard. This findings were similar with Sarkar et al.¹⁵ Acne vulgaris was seen in 10.42% of patients. The frequency of acne in the current study is somewhat similar to that in the past studies.^{11,16-20} This study also reflected that eczema (9.04%) is the second most highest among non-infectious disease & urticaria is 7.02%. These findings are in accordance with the findings of many research works conducted previously.^{3,16,21,22}

Conclusion

The current research found a higher prevalence of infective dermatoses than non-infective dermatoses. This study also reflected that fungal infection, acne vulgaris, viral infection, scabies, eczema and urticaria were the most common skin disorders while the prevalence of melasma, seborrheic dermatitis, drug reaction, lichen planus, psoriasis, vitiligo and alopecia were comparatively less. Nature of occupation, living conditions, lack of awareness all contribute to an increasing burden of skin diseases in the society. Better health education, maintaining personal hygiene, improvement in the standard of living, proper case diagnosis and proper treatment is very important in managing common skin diseases.

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