Vol. 15, No. 3
ORIGINAL PAPER

DERMATOLOGY

MEDICAL CHANNEL
JULY - SEPTEMBER 2009

EVALUATION OF CHRONIC SKIN DISEASES AT LIAQUAT UNIVERSITY HOSPITAL HYDERABAD (THE SIX MONTHS DESCRIPTIVE STUDY)

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ABSTRACT

OBJECTIVE: *To evaluate the frequency and pattern of chronic skin disease in patients present to the tertiary care hospital.*
PATIENTS AND METHODS: *This descriptive study was conducted at Liaquat university Hospital, Hyderabad from December 2007 to May 2008. All patients who were more than 12 years of age came to skin OPD directly or reffered from Medicine OPD with different presentation were evaluated and enrolled in the study. The detail history of all such subjects was taken; complete relevant examination was performed and the relevant investigations were advised according to the presentation of patients. The data was collected, saved and analyzed in SPSS version 10.00. By using analytical statistics the frequency, mean and standard deviation of variables were obtained.*
RESULTS: *One hundred thirty nine (139) patients were diagnosed as chronic skin diseases. The identified specific diseases with mean age and SD are atopic dermatitis 42 (30%) 33.83 ± 8.9, psoriasis 26(19%) 27.57 ± 8.6, chronic eczema 23 (17%) 31.78 ± 8.44, vitiligo 20 (14%) 18.95 ± 3.1, alopecia areata 17(12%) 34.23 ± 8.89 and lichen planus 11(8%) 35.45 ± 10.1. The majority of patients were belonged to rural areas.*
CONCLUSION: *Based on the present findings the clinicians should be encouraged to carefully assess the skin diseases. The appropriate and early effective measure should be carried out in diagnose and treatment of the disease.*

KEYWORDS: chronic skin diseases, atopic dermatitis, psoriasis, chronic eczema, vitiligo, alopecia areta, lichen planus.

INTRODUCTION:

The skin is the body's outer covering. It protects us against heat and light, injury, and infection. It regulates body temperature and stores water, fat, and vitamin D. weighing about 6 pounds, the skin is the body's largest organ. It is made up of two main layers; the outer epidermis and the inner dermis.

The Skin diseases are the most common cause of referrals to general practitioners and dermatologists. This is mainly due to the characteristics of the skin and its role in body homeostasis. The incidence of skin diseases varies widely with geographic location and is presumably influenced by ethnic and environmental factors.

The common chronic skin diseases in adults are acne, cold sores, dermatitis / eczema, psoriasis, wart, urticaria and tinea where as the common skin diseases observed in school children are acne / pimples, eczema dermatitis and tinea. The prevalence of skin diseases is 22.27%.[1]

The chronic skin diseases can have a major impact on patient's life in terms of psychological well being[2-3] and social functioning and everyday activities.[4-5]The impaired quality of life of patients with chronic skin diseases has in turn been shown to have an unfavourable effect on the outcome of dermatological therapies such as photochemotherapy[6] and consequently on patients' skin status. The research on dermatological disorders has only recently focused on possible risk factors for patients whose adaptive capacities seem insufficient to deal with their chronic diseases and who becomes highly distressed.[7]

The progressive and episodic skin diseases may make the person as though they have no control over their disease and may lead to obsessive body checking behaviour. The visibility coupled with stigmatizing nature of some conditions like vitiligo may render the person feel uncomfortable in social situations. This may distort the person's body image which can negatively affect social and interpersonal relationships. The persons with chronic skin disease avoid exposure to others, taking special care over the selection

of clothes and avoid taking part in social activities. Some skin disorders as itchy dermatoses interfere with sleep and contact with partners.

The knowledge of the presence and severity of physical symptoms experienced by patients is important for developing guidelines for the management of skin diseases.

The objective of this study was to evaluate the frequency and pattern of chronic skin diseases in patients presenting to tertiary care hospital.

PATIENTS AND METHODS:

This descriptive study was carried out in the dermatology department of tertiary care teaching hospitals of Hyderabad from December 2007 to May 2008. All patients who were more than 12 years of age were came to skin outdoor patient department and reffered from Medicine Department (OPD) at Liaquat University Hospital with different presentations were evaluated and enrolled in the study. The referred patients who had history of skin lesion but were admitted to different units were then referred to dermatology department for expert opinion also included in our study. The selection of patient was in random manner and the technique used was non probability purposive. The data was collected through a pre-formed proforma / questionnaire. The detail history of all such patient was taken and clinical examination was performed. The relevant investigations were advised according to the presentation of patients. Informed consent was taken from patient after full explanation regarding the study. The data was collected, saved and analyzed in SPSS version 10.00. By using analytical statistics the frequency, mean and standard deviation of variables were obtained. The chronic skin diseases were evaluated by (1) Frequency (according to the number of patients) and (2) Pattern (determined by diagnosing the type of disease). The uncooperative parents of subjects or who refused to give consequent or did not have interest to participate in the study were considered to be in exclusion criteria.

RESULT:

In this study one-hundred thirty nine 139 patients were identified as chronic skin disease in skin out patient department (OPD). 11 were referral patients from different units for expert opinion. Majority of the patients (72%) attend the skin OPD were belonged to rural areas of Sindh province. The age with mean and standard deviation, gender, frequency and pattern of different chronic skin disorders was given in Table: 1-7.

TABLE: 01
FREQUENCY OF DIFFERENT CHRONIC SKIN DISEASES DETECTED DURING OUR STUDY PERIOD

SKIN DISEASE	*n* = 139	%
Atopic dermatitis	42	30
Psoriasis	26	19
Chronic eczema	23	17
Vitiligo	20	14
Alopecia areata	17	12
Lichen planus	11	8

TABLE: 02
FREQUENCY OF PATIENTS WITH ATOPIC DERMATITIS

AGE	*n* = 42	%	Mean	Standard Deviation (SD)
12-20	05	12		
21-30	07	16	33.83333	± 8.993
31-40	20	48		
41-50	10	24		

TABLE: 03
FREQUENCY OF PATIENTS WITH PSORIASIS

AGE	*n* = 26	%	Mean	Standard deviation (SD)
12-20	05	19		
21-30	12	46	27.57692	± 8.61242
31-40	06	23		
41-50	03	12		

TABLE: 04
FREQUENCY OF PATIENTS WITH CHRONIC ECZEMA

AGE	*n* = 23	%	Mean	Standard deviation (SD)
12-20	03	13		
21-30	08	35	31.78261	± 8.44747
31-40	10	43		
41-50	02	9		

TABLE: 05
FREQUENCY OF PATIENTS WITH VITILIGO

AGE	*n* = 20	%	Mean	Standard deviation (SD)
12-20	15	75	18.95	
21-30	05	25		± 3.15353

TABLE: 06
FREQUENCY OF PATIENTS WITH ALOPECIA AREATA

AGE	*n* = 17	%	Mean	Standard deviation (SD)
12-20	02	12		
21-30	03	18	34.23529	± 8.89192
31-40	08	47		
41-50	04	23		

DISCUSSION:

While it is acknowledged that skin diseases adversely affect quality of life 8-9 less is known about the prevalence of physical symptoms among patients with skin diseases and their relationship with other disease-related variables such as disease severity. So far it is primarily the physical symptom of itch that has been described although pain and fatigue also seem to be present in many patients with chronic skin disorders.[10-13] Additionally physical symptom (like itch) have been described to negatively affect quality of life.[14] In our study the chronic skin diseases we identified were atopic dermatitis, psoriasis, vitiligo, chronic eczema, lichen planus and alopecia araeta.

The skin dryness observed in atopic dermatitis (AD) has been attributed to impairment of stratum corneum barrier function and excessive transepidermal water loss. Originally this was thought to result from a decline in ceramide, which is the water retaining component of skin and which is found in the structure of all sphingolipids. In our study the mean age of patients with atopic dermatitis was 33.8 while in another study it was 34.8.[15] however study conducted by Abeck that showed the mean age of atopic dermatitis was 35 years.[16] Our study results some what similar to the literatures, mentioned above for mean age of atopic dermatitis. Our study detected the male predominance in atopic dermatitis where as a study conducted in Saudi Arabia also showed similar results.[17] however female predominance was found by Küster et al in his study.[18] On the other hand a population based case control study showed no any gender difference in atopic dermatitis.[19]

The psoriasis affects both sexes equally and can occur at any age although it commonly appears for the first time between the ages of 15 and 25 years. The prevalence of psoriasis among 7.5 million patients who were registered with a general practitioner in the United Kingdom was 1.5%.[20] In Kuwait 48.2% of psoriasis patients stopped making friends and meeting peoples and two-third worry about the thoughts and reactions of others and they attributed this to the disfigurement of psoriasis.[21] The prevalence of psoriasis in Pakistan is 5.1%.[22] The present study detected the mean age of psoriasis is 27.57 where as another study showed the mean age was 23 years.[23] While a preliminary questionnaire study upon psoriasis showed the mean age 27 years.[24] In our study the psoriasis was predominance in female gender and it is similar to the study by Bell et al which also found female predominance.[25] However no age and gender difference was observed in study of Gupta.[26]

TABLE: 07
FREQUENCY OF PATIENTS WITH LICHEN PLANUS

AGE	*n* = 11	%	Mean	Standard deviation (SD)
12-20	01	9.09		
21-30	02	18.18	35.45455	± 10.113
31-40	04	36.36		
41+	04	36.36		

In our study, majority of patients with chronic eczema had complaint of itching, redness of skin, rash and dryness of skin. The prevalence of eczema was 17.1%.[27] Regarding gender the female were again predominant in our study and it is similar to the study by Möhrenschlager et al in which there was also female predominance.[28] The vitiligo have a significant effect on the psychological well being of the patient.[29] This is especially true for darker skinned patients as the contrast between pigmented and depigmented skin can be quite drastic. The mean age of subjects with vitiligo present to our OPD was 18.95 where as a study conducted in China showed the mean age was 18.88.[30] In our study the majority of patients with vitiligo were females while similar gender result (female predominance) was observed in the study by Martis et al.[31] The Alopecia areata has different incidence in different racial kinds and geographical areas of the world and estimated between 0.5-1% of general population[32-33] In our study the mean age and SD of patients with alopecia areata was 34.2 ± 8.89 years while a study conducted in Singapore showed the mean age of alopecia areata was 25.2 years.[34] In our study the majority of subjects with alopecia areata were males where as the male predominance in alopecia areata was also found by Yang et al in his study.[35]

The present study had focus and evaluates the frequency and pattern of different chronic skin disease in patients presented to skin OPD from different cities. However based on the present findings the clinicians should be encouraged to carefully assess skin diseases. Therefore the appropriate and early effective measure should be carried out in diagnosing, treating and reducing the severity of the disease. The understanding of the psychological impact of skin diseases on patient's life is necessary for each dermatologist. The Psychological intervention should be implemented in patients with chronic skins diseases.

CONCLUSION:

The present study indicates that chronic skin disease is a major problem. The physicians should made counseling during regular patient consultations (e.g. using interviews and questionnaires) regarding such slowly and progressive disorder and also in order to carry out a preliminary screen for possible future psychological problems. This kind of integrated approach could greatly improve patients' quality of life which can finally lead to improved dermatological treatment outcomes and reduced clinical severity of the disease.

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