

Original Article

Pattern Of Skin Diseases In Patients Attending OPD Of Dermatology Department At Faridpur Medical College Hospital, Bangladesh

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Abstract

It is generally agreed that the pattern of skin diseases differs in different countries, and within various regions of a country depending on social, economic, racial and environmental factors. Many workers have reported various patterns of skin diseases in different countries. So far, no such report is available in our country for Faridpur region. To fill the lacunae we decided to undertake a retrospective study of the skin disease pattern in this tertiary hospital of Faridpur, Bangladesh. All the newly diagnosed cases attending the OPD of Dermatology and Venereology, Faridpur Medical College Hospital, during the period of one year starting from 1st July 2007 to 30th June, 2008 were included in the study. Diagnosis was done on clinical grounds and laboratory investigations were done whenever required. Eczema (19.2%), fungal infections (17.26%), scabies (15.16%) and pyodermas (7.59%) were the major skin diseases. STD's accounted for (0.73%) of the cases. Genodermatoses (0.01%) formed the minimal number of cases. Eczema was the commonest group of disorders. Out of the infective skin disorders fungal infections were the commonest group. Genodermatoses formed the least number of cases.

Key words: Pattern of skin diseases, Infective skin diseases, Non-infective skin diseases

Introduction

Skin disease has high morbidity but apparently few mortality. Dermatological diseases form an important chunk of disorders in any major hospital. Skin diseases are also influenced by various factors like environment, economy, literacy, racial and social customs. The pattern of skin diseases varies from one country to another country and in various regions within the same country¹. Occasionally skin diseases can be a manifestation of systemic diseases. Moreover, the skin is an important target organ for HIV infection. As the pattern of skin diseases varies in different parts of a country we decided to undertake a retrospective analysis of the skin disease pattern as observed in Faridpur Medical College Hospital.

Materials and Methods

All the newly diagnosed cases attending the OPD of Dermatology and Venereology, Faridpur Medical College

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Hospital, during the period of one year starting from 1st July, 2007 to 30th June 2008 were included in the study. The skin diseases were grouped into infective skin diseases and non-infective skin diseases. Cases with doubtful diagnosis were excluded from the study. Diagnosis was made on clinical grounds and laboratory investigations were done whenever required.

Results

The total number of patients who attended outpatient department of Dermatology and Venereology of Faridpur Medical College Hospital during the study period from July 2007 to June 2008 was 20,775. Numbers of new dermatological cases were 15,625 thus forming 75.21% of the total number of cases.

The number of newly diagnosed cases and percentage of infective and non-infective diseases are given in [Table I & II]. Eczema emerged as the commonest group of disorders (19.2%) followed by fungal infections (17.26%), scabies (15.16%), and pyodermas (7.59%). Dermatophytosis (12.8%) was the commonest fungal infection followed by pityriasis versicolor (2.78%), and candidiasis (1.68%). Urticaria (6.68%), acne vulgaris (5.58%), and viral infections (2.44%) were the other major disorders. Hansen's disease formed 0.03% and tuberculosis of skin formed 0.04% of the total newly diagnosed cases. Chronic bullous

diseases formed only 0.08% of the cases; out of which pemphigus vulgaris (0.07%) was commonest followed by bullous pemphigoid (0.02%). Of the collagen disorders (0.16%); DLE (0.24%) was commonest followed by SLE (0.01%), Systemic sclerosis (0.01%) and morphea (0.01%).

Table I: Infective skin diseases

Diseases	No of patients			Percentage
	Male	Female	Total	
Scabies	1736	634	2370	15.16
Tinea infection	1354	647	2001	12.80
Pityriasis versicolor	315	119	434	2.78
Candidiasis	87	177	264	1.68
Pyoderma	660	526	1186	7.59
Herpes zoster	84	43	127	0.81
Chicken pox	19	16	35	0.22
Herpes simplex	24	13	37	0.23
warts	95	87	182	1.16
Hansen's disease	4	2	6	0.03
TB skin	4	3	7	0.04
STD	115	0	115	0.73
Total	4497	2267	6764	43.29

Table II: Non infective skin diseases

Diseases	No of patients			Percentage
	Male	Female	Total	
Eczema	1299	1701	3000	19.2
Vitiligo	39	55	94	0.60
Melasma	43	104	147	0.94
Psoriasis	101	7	108	0.69
Lichen planus	16	33	49	0.31
Alopecia	70	24	94	0.60
Acne vulgaris	380	493	873	5.58
Urticaria	446	599	1045	6.68
Photosensitivity	3	0	3	0.02
Drug eruptions	26	14	40	0.25
Chronic bullous diseases	8	4	12	0.08
Collagen disease	15	10	25	0.16
Ichthyosis	14	11	25	0.16
Naevoid disorders	6	5	11	0.07
Miscellaneous	1845	1490	3335	21.34
Total	4311	4550	8861	56.71

Discussion

In this study Eczema emerged as the single largest group of disorders. Similar findings are also reported by other workers²⁻⁵. Superficial fungal infections were the second largest group of disorders. The warm and highly humid climate of the country may account for the high incidence of fungal infections. The high incidences of Parasitic infections and Pyodermas in our study may be due to the low socio-economic status and nutritional deficiency of such patients and overcrowding. Similar findings were found in studies

conducted by Karanti BK⁶ and Sharma NL, et al⁷. The incidence of viral infection was relatively low (2.44%) in our study which is comparable to similar studies done in Imphal² (3.78%), and Trivandrum⁸ (5.10%). Herpes zoster (0.81%) was the commonest viral infection. Only 9 patients presented with viral exanthems in our study because such patients mainly consult the physician. The low incidence of Hansen's disease in this study (0.03%) is due to the fact that such patients mainly attend leprosy and TB centers where the medicines (MDT) are given free of cost. The low incidence of STD's (0.73%) may be because such patients preferred to attend private clinics due to the social stigma associated with the disease. The incidence of drug reactions in our study was only 0.25%. Some studies have shown that the incidence of drug reaction necessitating hospital admission ranges from 3-8%⁹. This low figure is due to the attendance of patients to the emergency and medicine OPD those need hospital admission.

Faridpur district is under Dhaka division. The area of this district is 2072.72 km² and bounded by Rajbari and Manikganj districts on the north, Gopalganj district on the south; Dhaka, Munshiganj and Madaripur districts on the east; Narail, Magura and Rajbari districts on the west. Average highest temperature is 35.8°C and lowest 12.6°C; annual rainfall is 1546 mm. Faridpur district consists of 9 upazillas, 4 municipalities, 79 union parishads, 36 wards, 92 mahallas and 1859 villages. The total population of the district is 1714496. Among them male 50.55%, female 49.45%, Muslim 88%, Hindu 11% and Others 1%. The density is 827.17/km², literacy rate is 37.44%. Economy of Faridpur district is based on agriculture. Some manufacture industries and Cottage industries are also contributed in the economy. The Faridpur town consists of 9 wards and 35 mahallas. The area of the town is 20.23 km². The population of the town is 99,634; male 51.73%, female 48.27%. The density of population is 4925 per km². The literacy rate among the town people is 66.6%¹⁰.

Faridpur Medical College Hospital is a tertiary hospital. The patients attending the OPD of this hospital come from the different Upazillas of this district and from neighboring districts. More than 90% of patients come from the different upazillas of this district. Thus the picture found in this study nearly represents the picture of this district.

But further study in the community level is suggested to review the actual picture of dermatoses at Faridpur district.

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