

Distribution of cases and outcome at dermatology and venereal disease inpatient department of tertiary care hospital

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Abstract

Introduction: There are numbers of people in India suffering from common skin Problems. They are found in children, young and adults as well as in old persons. The common skin problems are Acne, Burn scars, Hyperhidrosis, Psoriasis, Scabies, Skin grafting, Vitiligo, Pediculosis, Herpes simplex infection, Varicella, Herpes Zoster, Erythema, Urticaria etc. Dermatological problem in India manifests as primary and secondary cutaneous complaints. Among them, allergy and itches are widely observed in most of the patients. **Aims and Objectives:** To study Distribution of Cases and Outcome at Dermatology and Venereal Disease Inpatient Department of a Tertiary Care Hospital **Methodology:** This was cross sectional, hospital based study during the period of Jan 2013 to Jan 2014 in All the patients with dermatological illness admitted to tertiary care hospital . All the information necessary was collected by using pretested, semi-structured questionnaire. During this year total 296 patients were included into the study. **Result:** Overall the Scabies, Skin infections like Fungal ,Bacterial and Viral, Auto-immune, Auto-immune UTI/STDs are more common in Males but Acne found to be more common In Female .Also it is clear that Scabies was more common in <10 and 10-20 years age group, Skin infections like Fungal, Bacterial and Viral were more common in 20-30, 30-40 yrs., age group, Acne was more common in the 20-30 and 30-40 years age group. Auto immune diseases were common in 30-40 and 40-50 yrs. age group. UTI/STDs were more common in 30-40 and 20-30 yrs. age group. mean duration of time to improvement required was highest for UTI/STDs 12±4.5 followed by Acne 9±2.1, Skin infections like Fungal ,Bacterial and Viral 6±3.1, Auto-immune 5±3.1, Scabies3±2, Others,4.5±3.1. **Conclusions:** Knowledge of various prevalence patterns of specific diseases of Dermatology and Venereology as per the age, sex, should be considered while diagnosing and management of patients.

Keywords: Dermatology and Venereal Diseases, UTI/STDs.


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INTRODUCTION

There are numbers of people in India suffering from common skin Problems. They are found in children, young and adults as well as in old persons. The common skin problems are Acne, Burn scars, Hyperhidrosis, Psoriasis, Scabies, Skin grafting, Vitiligo, Pediculosis, Herpes simplex infection, Varicella, Herpes Zoster, Erythema, Urticaria etc¹. Dermatological problem in India manifests

as primary and secondary cutaneous complaints. Among them, allergy and itches are widely observed in most of the patients. Yellowish or dryness of skin in normal old age, Pruritus, Hypersensitivity reaction, Eczemas, Pellagra that type of skin problems are quite observed in the patient. Usually for peak level skin disorder, the therapy of skin problems is longer for complete removal of problems. Use of drug like Benzoyl Peroxides, Proactiv, Antibiotics, Retina, Oral retinoid, Salicylic acid, AntiH istaminic, Minerals and Vitamins, Steroids, Analgesic are of more interest for skin specialist for the treatment² Pyoderma is the skin disorder for which the role of hygiene appears to be the best established. Thus, in Colombia, for each climatic zone, the prevalence of pyoderma was higher in children with a low level of hygiene³. In Mali, the presence of pyoderma in children was significantly correlated with low personal hygiene (OR = 1.68), and with the presence of rubbish in the courtyard of the

family housing (OR = 1.47), but not with the frequency of baths or the use of soap⁴. In the United Republic of Tanzania, scabies-related pyoderma (but not non-scabies pyoderma) correlated well with personal hygiene (41% in rural children with the lowest hygiene vs 7.9-16.8% in urban children)⁵. It should be noted that, in these studies, the definition of poor individual hygiene was based more on subjective than objective data. In addition, in Trinidad and Tobago, a placebo-controlled study looking at an eventual preventative effect of soap (either plain or with added hexachlorophene) by washing legs (the commonest site of pyoderma) of children twice a day did not find a positive impact on pyoderma prevalence⁶. However in Pakistan, a programme of free distribution of soap was associated with a trend in lowering the incidence of impetigo in children⁷. A hot climate, especially if humid, is a classical predisposing factor to the development of pyoderma. In Colombia, the prevalence of streptococcal pyoderma in children was 5.2% in the more temperate area, and was found to increase as the weather became hotter and more humid: 12.2% in the subtropical zone and 26.8% in the tropical⁸. In rural Pakistan, the monthly incidence rate of pyoderma was 2.1 during temperate months against 6.9 during the warm months⁹. In an economically deprived black population in southern United States of America, the incidence of pyoderma in children aged 2-6 years was found to reach 50% during humid summer months vs 4% in winter¹⁰. In rural Gambia the examination of the same community showed a prevalence of pyoderma of 8.9% during the wet season vs. 7.2% in the dry season; this seasonal difference was much more marked in children under 10 years of age¹¹. Other studies reported similar trends, with peaks of incidence/prevalence during summer^{12,13,14,15}. Concerning scabies, the influence of hygiene (like that of water) appears much less clear. It is well known that scabies may affect people with good standards of hygiene (like the

Cuna Indians from Panama, who are known to have careful daily personal hygiene). A correlation between low socioeconomic status and the presence of scabies has been suggested, although the disease can be present in every social class, sometimes at very high rates; while the mean duration of scabies in children in urban Bangladesh was significantly shorter in families with the highest income, prevalence in that group was still 76%¹⁷. Low level of knowledge about hygiene practices has been found to be associated with a higher prevalence of scabies, but this might be only a confounding factor¹⁷. No correlation between scabies and personal or household hygiene has been found in other deprived settings¹⁸. On the other hand, super infection of scabies has been shown to be more common in cases where there is poor hygiene¹⁹, and where there is a lower socioeconomic status, a fact that may be more likely here, in our opinion, to be attributed to a lower level of hygiene: in Bangladesh, 73% of the scabies cases in a deprived population were super infected vs. 3% of cases with a high socioeconomic level; post-streptococcal glomerulonephritis cases were seen almost exclusively in the category with the lowest level²⁰.

AIMS AND OBJECTIVES

To study Distribution of Cases and Outcome at Dermatology and Venereal Disease Inpatient Department of a Tertiary Care Hospital

MATERIAL AND METHODS

This was cross sectional, hospital based study during the period of Jan 2013 to Jan 2014 in all the patients with dermatological illness admitted to tertiary care hospital. All the information necessary was collected by using pretested, semi-structured questionnaire. During this year total 296 patients were included into the study.

RESULT

Table 1: Distribution of the various diseases prevalent as per the Age and Sex wise

	Diseases						Total
	Scabies	Skin infections like Fungal ,Bacterial and Viral	Acne	Auto-immune	UTI/STDs	Others	
Sex							
Male	12(4.06%)	82(27.72%)	17(5.75%)	29(9.80%)	38(12.84%)	5(1.69%)	184(62%)
Female	9(3.04%)	26(8.79%)	46(15.55%)	21(7.09%)	9(3.04)	2(0.68%)	112(38%)
Age							
<10	6(2.02%)	5(1.69%)	0(0.00%)	1(0.34%)	0(0.00%)	0(0.00%)	12(4%)
10-20	7(2.37%)	6(2.02%)	11(3.72%)	4(1.35%)	2(0.68%)	0(0.00%)	30(10%)
20-30	4(1.35%)	26(10.08%)	32(10.81%)	12(4.05%)	13(4.39%)	2 (0.68%)	89(30%)
30-40	2(0.68%)	48(16.23%)	18(6.08%)	17(5.75%)	29(9.80%)	4(1.35%)	118 (40%)
40-50	0(0.00%)	19(6.42%)	2(0.68%)	15(5.07%)	2(0.68%)	0(0.00%)	38(13%)
>50	2(0.68%)	4(1.35%)	0(0.00%)	1(0.338%)	1(0.338%)	1(0.338%)	9(3%)
Total	21(7.09%)	108(36.50%)	63(21.29%)	50(16.90%)	47 (15.89)	7(2.37%)	296(100%)

From the Table 1: It is clear that overall the Scabies, Skin infections like Fungal, Bacterial and Viral, Auto-immune, Auto-immune UTI/STDs are more common in Males but Acne found to be more common In Female. Also it is clear that Scabies was more common in <10 and 10-20 years age group, Skin infections like Fungal, Bacterial and Viral were more common in 20-30, 30-40 yrs., age group, Acne was more common in the 20-30 and 30-40 years age group. Auto immune diseases were common in 30-40 and 40-50 yrs. age group. UTI/STDs were more common in 30-40 and 20-30 yrs. age group.

Table 2: Distribution of the Patients as per outcome in terms of Mean duration of time Required for improvement.

Disease	Mean Duration (Days) Required for Improvement (Mean±SD) Days.
Scabies	3±2
Skin infections like Fungal, Bacterial and Viral	6±3.1
Acne	9±2.1
Auto-immune	5±3.1
UTI/STDs	12±4.5
Others	4.5±3.1

Table 2: The mean duration of time to improvement required was highest for UTI/STDs 12±4.5 followed by Acne 9±2.1, Skin infections like Fungal, Bacterial and Viral 6±3.1, Auto-immune 5±3.1, Scabies 3±2, Others, 4.5±3.1.

DISCUSSION

Over all the Scabies, Skin infections like Fungal, Bacterial and Viral, Auto-immune, Auto-immune UTI/STDs are more common in Males but Acne found to be more common In Female. Also it is clear that Scabies was more common in <10 and 10-20 years age group, Skin infections like Fungal, Bacterial and Viral were more common in 20-30, 30-40 yrs., age group, Acne was more common in the 20-30 and 30-40 years age group. Auto immune diseases were common in 30-40 and 40-50 yrs. age group. UTI/STDs were more common in 30-40 and 20-30 yrs. age group. The mean duration of time required was highest for UTI/STDs 12±4.5 followed by Acne 9±2.1, Skin infections like Fungal, Bacterial and Viral 6±3.1, Auto-immune 5±3.1, Scabies 3±2, Others, 4.5±3.1. Scabies as a single disease is the most common entity encountered by the specialist physicians. Against scabies is more commonly seen in the above-mentioned age group. Although it is as high as 16.1% of the total patient load this figure is much lower than other studies conducted earlier⁴. Lower occurrence of scabies could be due to free distribution of benzyl benzoate lotion at the primary health care level and also better management of scabies at OPD. Nevertheless, the data of

the present is much higher than neighboring countries like India and Sri Lanka²¹⁻²². The fungal diseases can be attributed to poor hygienic and sanitary conditions. And lack of awareness. Nevertheless, it is much lower than the Mymensingh study. The lower frequency were observed probably due to better management of fungal diseases at OPD. Acne is an extremely common disease. It is seen mostly in teenagers and to some degree in those in their 30s. The mean duration of time required to improve was maximum in UTI/STDs this could be because of the multifactorial etiology of the STDs and more time required to diagnose so duration of treatment may be more.

CONCLUSIONS

Knowledge of various prevalence patterns of specific diseases of Dermatology and Venereology as per the age, sex, should be considered while diagnosing and management of patients.

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