

PATTERN OF SKIN DISEASES IN A SEMI-URBAN COMMUNITY OF DELHI

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During a survey conducted to study the spectrum of skin diseases in a semi-urban community, 4133 inhabitants of all ages were examined by house to house visit. Skin diseases were detected in 1275 (30.84%) individuals. Of these, the majority (24.4%) suffered from infective and parasitic diseases. The prevalence was higher than that reported by other studies conducted in other countries.

Key words : Prevalence, Skin diseases, Community.

Skin diseases constitute one of the major public health problems. Available data on the pattern of skin diseases has so far been generally obtained from hospital-based studies¹⁻⁵ and attempts have at times been made to extrapolate these findings to the community. We are reporting results of a comprehensive study in a well defined community undertaken with the objective to study the pattern of skin diseases in a semi-urban community.

Materials and Methods

The survey was conducted in Gokulpuri, a resettlement colony of Delhi with a population of 10,003 (Census-Maulana Azad Medical College, 1981) between June 1982 and January 1983. There are four blocks viz. A, B, C and D in the colony. Two blocks A and C were selected randomly. The entire population (5166) of these two blocks was taken up for house to house survey. But in spite of three consecutive home visits, 1033 (20%) persons could not be included in the study. Physical examination of every individual was carried out in accordance with the procedure detailed by Moschella et al.⁶

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Results

Of the people examined, 1275 (30.84%) had one or the other skin disease. The infective and parasitic dermatoses were detected in 1011 (24.4%) persons and non-infective in 264 (6.33%).

Of the 1275 persons suffering from a skin disease, the infective and parasitic dermatoses accounted for 79.2%. Pediculosis was the most common infestation, being prevalent in 462 (11.18%) individuals, followed by pyoderma in 444 (10.74%). Acne vulgaris was the most commonly encountered non-infective condition, found in 131 (3.16%), followed by pityriasis alba in 46 (1.11%). One case of leprosy was also detected. No case of psoriasis was found (Table I).

Table I. Prevalence of various skin diseases.

Disease	Number of patients	Percentage
1. Pediculosis	462	11.18
2. Furunculosis	319	7.72
3. Acne vulgaris	131	3.16
4. Folliculitis	65	1.57
5. Impetigo contagiosa	47	1.13
6. Pityriasis alba	46	1.11
7. Viral warts	32	0.77
8. Tinea cruris	21	0.51
9. Tinea corporis	18	0.44
10. Pityriasis versicolor	14	0.34
11. Seborrheic dermatitis	14	0.34

12. Vitiligo	12	0.29
13. Contact dermatitis	10	0.24
14. Infectious eczematoid dermatitis	9	0.21
15. Miliaria	6	0.14
16. Tinea capitis	6	0.14
17. Scabies	5	0.12
18. Urticaria	5	0.12
19. Lichen planus	4	0.10
20. Alopecia areata	4	0.10
21. Skin tuberculosis	4	0.10
22. Intertrigo	4	0.10
23. Drug rash	3	0.07
24. Insect bite	3	0.07
25. Leprosy	1	0.02
26. Others	30	0.70
Total	1275	30.84

Comments

The prevalence of skin diseases in the present study was much higher as compared to some of the other community studies⁷⁻⁹ conducted in various parts of the world (Table II). The main reason for this may be the poor and different physical and social environment.

Table II. Prevalence of skin diseases in some other surveys.

Author	Year	% prevalence
Lomholt (Faroe Islands)	1966	5.2
Rea et al (Lambeth)	1976	22.3
Present study (Delhi)	1981	30.84

Lomholt⁷ in his study of Faroe Islands found non-infective diseases to be more prevalent as compared to infective diseases. Psoriasis was the commonest disease with a prevalence of 2.84% and impetigo was seen in 0.11% of the population. No case of pediculosis was reported. Rea et al⁸ in a study at Lambeth (London) reported infective eczema as the commonest disease prevalent in 9.01%, followed by prurigo in 8.21% and psoriasis in 1.58%. In the present study, no case of prurigo was detected and infective eczema was prevalent in only 0.25%.

Behl et al⁹ in their community study in a slum area of Delhi found the prevalence of infective and parasitic conditions to be higher viz 85% compared to 79.2% in the present study. The difference in the pattern of skin diseases may be due to the different environmental, social and economical factors prevalent in these communities.

Seeing the magnitude of the problem of skin diseases in the community, it is imperative that peripheral health personnel should be adequately trained in identification and management of the common skin problems. Due to paucity of information on prevalence of skin diseases in a community no generalization is possible, hence more community based and comprehensive studies should be undertaken.

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