

PATTERN OF DERMATOLOGICAL DISEASES IN TRIVANDRUM

S Pradeep Nair, TV Gopalakrishnan Nair

A retrospective analysis of 44144 freshly diagnosed cases in the Department of Dermatology and Venereology, Medical College Hospital, Trivandrum was carried out. Eczemas (19.38%), fungal infections (14.18%) and pyodermas (8.46%) were the major contributors of the skin diseases. STD's accounted for 2.5% and leprosy 0.93% of the cases. Genodermatoses accounted for the least (0.41%)

Key Words : Skin diseases, Pattern

Introduction

Skin diseases form an important group of disorders in any major hospital. The importance of skin diseases is emphasised by the fact that they can be manifestations of systemic disorders and rarely an important target organ for HIV infection. The pattern of skin diseases varies in different parts of India due to significant differences in socio-economic and religious factors.¹⁻³ Hence we decided to undertake a retrospective study of the pattern of skin diseases in Trivandrum.

Materials and Methods

All the freshly diagnosed cases in the Department of Dermatology and Venereology, Medical College Hospital, Trivandrum for 3 years from 1st January, 1996 to 31st December, 1998 were included in the retrospective analysis. The skin diseases were classified according to a general format (Table I) and disorders not coming under the format were classified as 'others'. Cases with doubtful diagnosis were excluded from the study.

From the Department of Dermatology and Venereology, Medical College Hospital, Trivandrum - 695 011.

Address correspondence to :

Dr. S Pradeep Nair

Results

The total number of patients who attended in all the departments of the Medical College Hospital in the study period from 1996 to 1998 was 877196. Dermatological patients constituted 85442 cases out of this total thus accounting for 10.27% of the cases. In the 85442 cases, 44144 were new cases and only these were included in the retrospective analysis. The general pattern, number and percentages of the skin diseases are given in Table I. Eczemas emerged as the single largest group of disorders with a total of 8557 cases (19.38%). Fungal infections accounted for the second largest group of 6263 cases (14.18%). Pyodermas (8.46%), psoriasis (6.25%) and viral infections (5.10%) formed the other major group of disorders. Scabies (3.28%), vitiligo (3.12%), drug reactions (2.85%) and acne vulgaris (2%) were the other prominent diseases. STD's formed 2.56% and Hansen's disease 0.93% of the cases. The genodermatoses formed the rarest group of disorders (0.41%).

In the eczema group of disorders (Table II) contact dermatitis was the commonest (23.54%), followed by lichen simplex chronicus (12.97%) and seborrheic dermatitis (12.87%). Dermatophytosis was the commonest

fungal infection (48.46%) followed by tinea versicolor (39.83%), candidiasis (11.56%), and deep mycoses 0.15%.

Table I. Pattern of skin diseases from 1996 to 1998

Disease	1996	1997	1998	Total	(%)
Eczemas	2759	2730	3068	8557	19.38
Fungal infections	2096	1537	2630	6263	14.18
Pyodermas	1335	1085	1317	3737	8.46
Psoriasis	896	872	988	2756	6.25
Viral infections	794	704	756	2254	5.10
Scabies	646	479	321	1446	3.28
Vitiligo	504	423	451	1378	3.12
Drug reactions	501	343	410	1254	2.85
STD	453	311	365	1129	2.56
Acne vulgaris	340	263	283	886	2
Skin and appendageal tumors	304	242	331	877	1.98
Hair disorders	291	255	289	835	1.89
Lichen Planus	277	226	280	783	1.78
Melanodermas	144	161	159	464	1.06
Hansen's disease	131	111	165	407	0.93
Vesiculo - bullous	78	52	84	214	0.49
Collagen vascular	71	67	74	212	0.48
Genodermatoses	58	55	66	179	0.41
Others	3304	3488	3721	10513	23.8
Total Cases	14982	13404	15758	44144	100

Table II. Showing pattern of eczemas

Type of eczema	Number	(%)
Contact dermatitis	2014	23.54
Lichen simplex chronicus	1110	12.97
Seborrhoeic dermatitis	1101	12.87
Pityriasis alba	857	10.01
Infective eczema	720	8.41
Photodermatitis	645	7.54
Irritant	624	7.29
Atopic	600	7.01
Nummular	287	3.36
Stasis	242	2.83
Asteatotic	211	2.47
Pompholyx	146	1.70
Total	8557	100

Verruca vulgaris (44.55%) was the commonest viral infection followed by molluscum contagiosum (31.30%),

herpes zoster 12%, herpes simplex I (6.3%), chicken pox (5.24) and other viral exanthems 0.55%. Vesiculo - bullous disorders formed 0.49% of the total skin cases out of which dermatitis herpetiformis was the commonest (53.27%) followed by pemphigus vulgaris (23.84%), SCPD (10.98%), bullous pemphigoid (7.0%), Hailey-Hailey 4.67% and CBDC 0.93%. Collagen vascular diseases formed 0.48% of the total skin cases, systemic sclerosis being the commonest (34.43%) followed by SLE (32.55%), DLE (16.52%), morphea (9.9%), dermatomyositis 3.3%, over lap syndrome 1.88% and MCTD 1.42%.

Discussion

In the present study skin diseases formed 10.27% of the total number of patients who attended the Medical College Hospital in the study period. In a previous study done in the same department in 1976 the skin disorders formed 10.5% of the hospital attendance.¹ This indicates that the hospital attendance of skin diseases has not changed in spite of the emergence of numerous hospitals in the private sector within the past few decades.

Eczemas emerged as the single largest group of disorders in this study. Contact dermatitis emerged as the most common in the group of eczemas. This is in conformance with previous studies done in the same department.¹ The injudicious use of indigenous methods of treatment for common dermatoses and since the majority of the lower socio-economic group of people in the state depend on agriculture, construction work and other manual works for their livelihood thereby coming in contact with sensitizers like cement and fertilizers may account for contact dermatitis being the commonest eczema

Fungal infections formed the second single largest group of disorders in this study which is again similar to previous studies. The hot and humid tropical climate of

the state accounts for the high incidence of fungal infections.² However the incidence of pyodermas and parasitic diseases in the present study is in stark contrast to a similar study conducted in Delhi where they were the commonest dermatoses.³ A similar study among school children in Himachal Pradesh also showed parasitic diseases and pyodermas as the most common skin diseases.⁴ The low incidence of these disorders in the present study could be due to the high literacy rate, better socio-economic status and personal hygiene of the Kerala population.

In the present study the pattern of viral infections is in general conformance with other studies. However the low incidence of viral exanthemas in our study could be due to the fact that the majority of such patients consult the physicians. Studies have shown the incidence of drug reactions in hospital attendance to range from 3-8%.⁵ In spite of the frequent use of drugs for common ailments and over the counter prescriptions the incidence of drug reactions in the present study was only 2.85%

The low incidence of STD's (2.56%) in this series could be due to the trend of such patients to avoid government institutions and preference for private clinics and consultants due to the social stigma of the disease.

The successful implementation of Multi-bacillary therapy in the state accounts for the low incidence of leprosy (0.93%) in the present study.

The present study shows that there has not been any significant change in the pattern of skin disorders in this part of the country when compared to the past. However, in the future we can expect the pattern of skin disorders to change due to a multitude of factors ranging from environmental pollution to HIV infection.

References

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