

grouped into 20 groups and the frequency of cases in each group was studied. Descriptive statistics was used to analyze the data.

There were 24 631 patients which constituted 10.55% of the total out patient attendance of the hospital (24 631/233 404). Excluding those who had repeat visits, 14 047 new diagnoses were made including multiple diagnoses in some patients. Table 1 provides the summary of group wise break-up of diagnoses. Infections constituted the largest single group of diseases accounting for 4943 (35.19%) new diagnoses. Fungal (2633; 18.74%), bacterial (947; 6.74%), parasitic (606; 4.31%) and viral (565; 4.02%) infections were the important subgroups among infections. Leprosy was the presenting disease in 104 (0.74%) patients and Sexually Transmitted Infections (STIs) in 88 (0.63%). Among the non-infective diseases, eczema was the most common (3067; 21.83%). Papulosquamous diseases (1738; 12.37%) were the next common group, out of which psoriasis contributed to 1089 cases (7.75%). Acne vulgaris contributed to 575 (4.09%) and pigmentary diseases including vitiligo to 665 (4.73%) cases. Urticaria (485; 3.45%), hair diseases (219; 1.56%), nail diseases (157; 1.12%), neoplasia (182; 1.3%), cutaneous manifestations of systemic diseases (115; 0.82%), adverse drug reactions (82; 0.58%) and vesiculobullous diseases (59; 0.42%) contributed to the rest of cases.

As this is a hospital-based study, the data obtained cannot be considered to be representative of the prevalence of the diseases in general population. However, the finding that 10.55% of outpatients visit to this multispecialty tertiary care teaching hospital was for skin diseases is an indirect indicator of the burden of skin diseases in the population.

A PubMed search did not provide any comparable studies from India. Infection was the most common group of diseases in most of the similar studies.^[1-3] Only one among them showed a higher prevalence of infections than in our series.^[1] One study from Saudi

Pattern of skin diseases among patients attending a tertiary care teaching hospital in Kerala

Sir,

Thrissur Medical College is a tertiary care teaching hospital in the public sector located in the central part of the South Indian state of Kerala. Knowledge of the pattern of diseases in this center is thought to be important for caregivers, teachers and administrators to identify their priorities. So a study was planned with the aim to identify the pattern of diseases among patients who attended the outpatient section of the Department of Dermatology and Venereology.

The outpatient (OP) registers of Department of Dermatology and Venereology of Thrissur Medical College of the year 2007 were analyzed retrospectively. All cases were diagnosed by consultants having Post-graduate qualification in Dermatology and Venereology. Diagnosis was primarily clinical, supported by relevant investigations. Various skin diseases were

Table 1: Group wise break-up of diagnoses

Disease	Number of cases
Infections	4943 (35.19%)
Eczema	3067 (21.83%)
Papulosquamous diseases	1738 (12.37%)
Pigmentary diseases	665 (4.73%)
Acne vulgaris	575 (4.09%)
Others	3251 (23.14%)
Total	14047

Arabia showed that eczema was more common than infections.^[4] Despite the high prevalence of infections in our series, there were relatively few cases of leprosy and STIs. It will be interesting to know whether this trend is seen in other parts of the country also.

Even though a further disease wise break-up was not attempted in our study, it was noted during data collection that the majority of the infections were tinea versicolor, dermatophytosis, common pyoderms such as impetigo, ecthyma and folliculitis and viral warts. The fact that common infections account for such a large volume of the OP attendance, points to the poorly developed referral system in our healthcare. Ideally most of the common infections should be managed at the peripheral level. To achieve this, the peripheral institutions should be strengthened in terms of manpower and the level of knowledge and skills. More focused and effective training of medical students at the undergraduate level and continuing medical education for practitioners, are important in this regard.

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