Original Article

Skin Lesions

Frequency of Various Skin Lesions in Patients Attending Civil Hospital Hyderabad

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ABSTRACT

Objective: The study is planned to find out the frequency of various skin lesions in OPD of a district level hospital.
Study Design: Retrospective / Descriptive study.
Place and duration of study: The study was conducted in OPD of Department of Dermatology, Civil Hospital, Hyderabad form 1st January to 31st December, 2016.
Material & Method: The study included 801 cases attending the Dermatology OPD of Civil Hospital, Hyderabad. The cases were divided into A, B & C Groups; Group A comprised of children, Group B adults and group C old age patients. Each group comprised 267 patients. This study was mainly based on clinical examination but in some cases laboratory help from LUMHS research laboratory was taken.
Results: In Children Infestations were highest (37.45%), next were cases of bacterial infections (24.34%), Fungal infections (19.10%), viral (11.23%) and atopic (7.86%). In Adults viral infections were highest (29.96%), next were cases of infestations (22.47%), fungal (20.22%), atopic (17.97%) & bacterial infections (9.36%). In old age patients Fungal infections (48.69%) were highest, next were cases of viral (17.60%), bacterial infections (14.98%), infestations (11.23%)and atopic (7.49%).
Conclusion: The skin lesions are very common in our practice. To reduce the spread of all sorts of infections and infestations among the population it is necessary to follow preventive measures. Public at large must be made aware of simple measures like avoidance of sharing of clothing, sports items, towels or bed sheet. Washing of clothes should be done with hot water. Fungicidal soap should be used in suspected exposure to ring worms. Barefoot walk should be avoided.
Key Words: Bacterial skin infections, skin infestations, viral skin infections, atopy

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INTRODUCTION

The skin disorders are very common in our community. There are varieties of lesions and some of those can be prevented by improving self-hygiene or other simple measures. The skin is a vital and largest organ of the human body, which shows / reflects not only external signs and symptoms but also internal pathology. In skin lesions the most common complaint is the itching/ pruritis along with other complains. The itch / pruritis is an unpleasant sensation that leads to the desire to scratch.[1] It has many similarities to pain and both are unpleasant sensory experience but their behavioral response pattern are different, pain creates a reflex withdrawal while itch lead to a scratch reflex.[2]

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The nerve fibers for itch and pain lie in skin but information /signals for them are sent centrally in two distinct systems but both use the same nerve fiber and spino-thalamic tract.[3]

Historically the sensations of itch and pain have not been considered to be independent of each other until recently where it was found that itch has several features in common with pain but has important differences.[4] The feeling of itching can be caused by movement of hair or release of chemical mediators like histamine released from cells under the skin, itchiness is regarded as protective and it helps the creatures to remove the irritant/ parasite that landed on the skin.

The global prevalence of itching / pruritis is approximately 280 million peoples (4% of population) have difficulty with itchiness and it is comparable to the 2-3% of population suffering from psoriasis. There are so many cases of itching globally, as are the health and social problems in human community.[5]

There are various causes of itchy skin. It may be an allergic reaction to certain chemicals, cutaneous larva migrans, insect bites, herpes, photo dermatitis, head lice, pubic lice, body louse, dandruff, scabies, varicella, urticarial, psoriasis, eczema, drug reactions, fungal infection & cellulitis. Certain medical conditions like Diabetes mellitus, Hyperparathyroidism, Jaundice also cause itchiness. Psychogenic pruritis is a condition produced due to psychological factors.[6].

MATERIALS AND METHODS

The study included 801 cases attending the Dermatology OPD of Civil Hospital, Hyderabad from 1st January to 31st December, 2016. The cases were divided into A, B & C Groups; Group A comprised of children, Group B adults and group C old age patients. Each group comprised 267 patients. This study was mainly based on clinical examination but in some cases laboratory help from LUMHS research laboratory was taken.

RESULTS

In Group A (Children) Infestations were highest (37.45%), next were cases of bacterial infections (24.34%), Fungal infections (19.10%), viral infections (11.23%) and atopic (7.86%). (Table No. 1)

In Group B (Adults) viral infections were highest (29.96%), next were cases of infestations (22.47%), fungal infections (20.22%), atopic (17.97%) & bacterial infections (9.36%). (Table No. 2)

In Group C (Old age) Fungal infections (48.69%) were highest, next were cases of viral infections (17.60%), bacterial infections (14.98%), infestations (11.23%) and atopic (7.49%). (Table No. 3)

The distribution of various lesions in different groups is given in Table No. 4.

Table No. 1: Distribution of skin lesion in group A (n=267)

S. No.	No. of Patients	Name of disease	Clinical diagnosis	Laboratory diagnosis	Lesions %
1	Bacterial n=65	Impetigo, folliculitis, erythema	Crusted sore +ve on skin	Culture +ve	24.34%
2	Infestations n=100	Scabies and louse	Bite like sore with itching, with grayish skin	Not done	37.45%
3	Fungal infection n=51	Tinea corpus and other sides	Lesions are annular, marginated with scale & clear center	KOH & Direct Microscopy	19.10%
4	Viral infection n=30	Chickenpox, measles	Blister with fever, cough sore throat	Not done	11.23%
5	Atopic n=21	Disease	Irregular raised red sores	Not done	7.86%

Table No. 2: Distribution of skin lesion in group B (n=267)

S. No.	No. of Patients	Name of disease	Clinical diagnosis	Laboratory diagnosis	Lesions %
1	Bacterial n=25	Fruncle, cellulitis	Red, tender and swollen area seen	Gr.staing +ve	9.36%
2	Infestations n=60	Scabies and urticaria	H/o severe itchiness and pimple like skin rash, sometime grayish lesion on skin along with burrow	Not done	22.47%
3	Fungal infection n=54	Tinea corpus, versicolor and other sides	Lesions are annular, marginated with plaque, scale & clear center	KOH & Direct Microscopy	20.22%
4	Viral infection n=80	H.simplex, H.zoster, P.rosea		Not done	29.96%
5	Atopic n=48			Not done	17.97%

Table No. 3: Distribution of skin lesion in group C (n=267)

S. No.	No. of Patients	Name of disease	Clinical diagnosis	Laboratory diagnosis	Lesions %
1	Bacterial n=40	Fruncle, cellulitis	Red, tender and swollen area seen	Gr. staing +ve	14.98%
2	Infestations n=30	Scabies and urticaria	H/o severe itchiness and pimple like skin rash, sometime grayish lesion on skin along with burrow	Not done	11.23%
3	Fungal infection n=130	Tinea corpus, versicolor and other sides	Lesions are annular, marginated with plaque, scale & clear center	KOH & Direct Microscopy	48.69%
4	Viral infection n= 47	H.simplex, H. zoster, P.rosea		Not done	17.60%
5	Atopic n=20			Not done	7.49%

Table No. 4: Group wise Distribution of skin lesion (age-wise distribution).

S. No.	No. of skin Lesion	Group A(children)	Group B(Adults)	Group C(Oldage)
1	Bacterial	24.34%	9.36%	14.98%
2	Infestations	37.45%	22.47%	11.23%
3	Fungal infection	19.10%	20.22%	48.69%
4	Viral infection	11.23%	29.96%	17.60%
5	Atopic/ Miscellaneous	7.86%	17.97%	7.49%

DISCUSSION

The bacterial skin infections affected about 155 million people and cellulitis occurred in about 37 million people in 2013.[7] Our study also reveal that the bacterial infections are very common in children (24.34%), higher as compared to other age groups (Table No. 4). It is in accord with other international studies. Infestation lesions are contaminated with bacteria as secondary infection.

Fungal skin infections may present as either superficial or deep infection of the skin, hair and nails. According to study of 2010 they affect about one million people globally.[5] In our study the highest incidence is in old age (48.69%).

Parasitic infestations, stings and bite in humans are caused by several groups of organisms belonging to the various species like Arthropoda, Chordata, Helminthes and Protozoa. The WHO reports also probe the prevalence of skin infestation lesions. Scabies is more often seen in crowded places with poor hygienic conditions.[8] Globally as of 2009 about 300 million cases of scabies occur each year.[9-10] The scabies is one of three most common skin disorders in children, along with ring worm and bacterial skin infections.[11] As per study of 2010 it affects approximate 100 million people (1.5% of the world population) and is equally common in both sex.[12]. It is more common in young and old age and also more common in developing world and in tropical climate.[13] In our study infestations were 37.45% in children, 22.47% in adult and 11.23% in old age. (Table No. 4)

CONCLUSION

The skin lesions are very common in our practice. To reduce the spread of all sorts of infections and infestations among the population it is necessary to follow preventive measures. Public at large must be made aware of simple measures like avoidance of sharing of clothing, sports items, towels or bed sheet. Washing of clothes should be done with hot water. Fungicidal soap should be used in suspected exposure to ring worms. Barefoot walk should be avoided.

Author's Contribution:

Concept & Design of Study: Mir Muhammad Sahito
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Conflict of Interest: The study has no conflict of interest to declare by any author.

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