Study of Morbidity Patterns of Various Dermatological Disorders at Urban Health Centre, Turbhe

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Abstract
Skin diseases are very prevalent in today's word. The most common among the skin diseases is the Tinea. This is due to lack of hygiene among the people in the community. A sample size of 102 individuals attended the Dermatological OPD in a single day were intervened with a well designed validated proforma and that analysis was done. This study, a cross sectional study, was done in the Urban health centre of Turbhe Navimumbai. It was seen that maximum of the patients were suffering from Tinea corporis. It was because of lack of hygiene among the patients. There was also a clear cut relation with Tinea and education proving the fact that the patients were not aware that the cause of Tinea was unhygienic conditions. Around 19.6% of the patients also gave similar complains in the past of of which 18% was Tinea.

Introduction

Skin diseases refers to disorders exclusively of the superficial layers of the skin. The commonest skin disorders seen in developing countries are Tinea, Pyoderma and Scabies, but they have not been regarded as a significant problem that could benefit from public health measures. The recent literature on common 'Dermatological disorders ' in developing countries is sparse and which is available from one place to another. Most dermatological morbidities are chronic and have a considerably long duration of time.

Dermatological Morbidities that alter skin complexion or colour, texture or appearance in any way induce negative emotions in others. This leads to social isolation, seclusion, discrimination and out casting of such persons from their neighbourhood or community. This experience in relation to Dermatologial Morbidities has been prevalent in Indian societies since ancient times. This culmination of stigma process occurs when designated differences lead to various forms of disapproval, rejection, exclusion and discrimination.

In recent years, industrialization and urbanization has increased to a large extent in India. The factors caused a large wide spread migration of people were poor people and were illiterate. They generally settled in the areas near the industry's leading to development of slums.

These slums are characterised with overcrowding, poor hygiene, shortage of water. This leads to variety of skin disorders due to poor hygiene, illiteracy and ignorance regarding the disease and effects.

Skin disease is one of the most common morbidity patterns in the urban areas and is related to various risk factors

This study has been designed to assess the various skin diseases among the people residing at Turbhe. This will give a practical insights to the various skin problems in the local community and the risk factors associated with it. This will in turn help to decrease the burden of the dermatological problems of the community by accurate and timely treatment and also increase the awareness related to various skin problems amongst the people which will hopefully disease the morbidity of the same.

Aims and Objectives

1. To identify the prevalence of various dermatological morbidities in the urban community of Turbhe
2. To identify the most common skin infections.
3. To see if there is any relation between skin disease with education and personal hygiene.

Methodology

Study Settings: A Cross sectional study was conducted on 102 patients including children and adults who came in Urban Health Centre at Turbhe from 1 July 2017 to 1 August 2017.

Study Subjects: All the children and adults who visited the Dermatological OPD during the above mentioned period at UHC Turbhe and who gave conset.

Sample Size: 102

Exclusion Criteria: All patients who did not visit the OPD or gave conset.

Study Procedure: Patients were subjected to a questionnaire to elict information on various socio-demographic factors, prevalence of skin infections, their awareness, family history, personal history, hygiene, number of visits to various skin OPD's
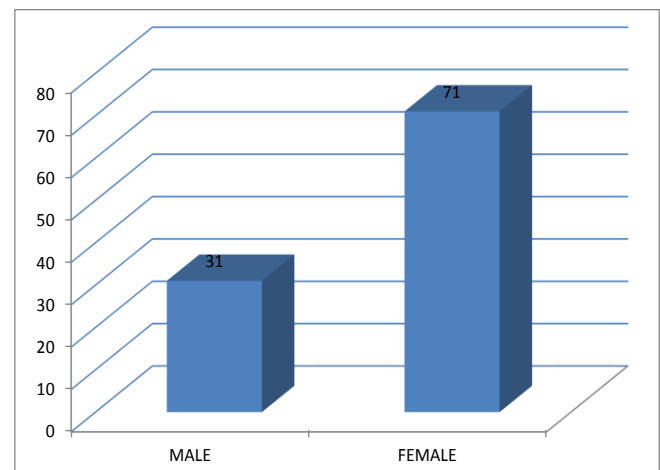
Results

Demographic Data

1) Gender

Table 1

Gender	No of Patients	Percentage
Male	31	30.40
Female	71	69.60
Total	102	100

69.60% of the patients were females and 30.40% were males.

Fig 1 Gender Wise Distribution of the Patients Attending the OPD

2) Age

Table 2

Age	No of Patients	Percentage
0-10	19	18.62
10-20	11	10.78
20-30	23	22.54
30-40	27	26.47
40-50	14	13.72
50 and Above	6	5.88
Total	102	100

Maximum patients 26.47 %% were between the age group of 30-40 years, followed by 20-30 years of age 22.54%.,5.88% of the patients were above 50 years of age.

3) Religion

Table 3

Religion	No of Patients	Percentage
Hindu	72	70.58
Muslim	20	29.42
Total	102	100

Maximum 70.58% of the patients were hindus and 29.42% were muslims.

4) Education

Table 4

Educational Status	No Of Patients	Percentage
Illiterate	45	44.11
Primary School	23	22.54
Secondary School	12	11.76
Higher School	21	20.58
Graduate	01	0.98
Total	102	100

44.11% of the patients were illiterate and only 0.98% were graduates.

Table 5

Occupation	No of Patients	Percentage
Skilled	9	8.84
Unskilled	30	29.41
Unemployed	23	22.54
Student	25	24.50
Others	15	14.7
Total	102	100

29.54% of the patients were unskilled workers followed by 24.50% were students and 22.54% were unemployed.

Table 6

Per Capita Income	No of Patients	Percentage
Less Than 1000	24	23.54
1001 To 2500	53	51.96
More Than 2000	25	24.50
Total	102	100

51.96% of the patients had their income between 1001 to 2500 rupees.

Table 7: Dermatological Morbities

Sr No	Morbities	No of Patients	Percentage
1	Acne Vulgaris	1	0.98
2	Alopecia Acreta	1	0.98
3	Atopic Dermatitis	1	0.98
4	Candidial Vaginitis	1	0.98
5	Tinea Capitis With Secondary Infection	1	0.98
6	Dermatitis	1	0.98
7	Eczema	6	5.88
8	Tinea Incignito	9	8.82
9	Furuncle	2	1.96
10	Lichen Planus	1	0.98
11	M Rubra	2	1.96
12	Molluscum Contagiosum	1	0.98
13	Melasma	1	0.98
14	Onchomycosis	2	1.96
15	Pih	2	1.96
16	Prurigo	1	0.98
17	P.M.L.E	1	0.98
18	Pyogenic Granulomatoses	1	0.98
19	Pyoderma	3	2.94
20	Scabies	5	4.90
21	Tinea Corporis	47	46.07
22	Urticaria	4	3.92
23	Veruca	1	0.98
24	Xantholesma Palpebrum	1	0.98
25	Vitilgo	5	4.90
26	Xerosis	1	0.98
	Total	102	100

46.07% of the patients were suffering from Tinea corporis., 8.82% of the patients had Tinea incognito followed by 4.90% had Scabies.

Table 8: Dermatological Morbities and Gender

Gender	No of Patients	Percentage
Male	31	30.40
Female	71	69.60
Total	102	100

It was seen that dermatological morbidity was more common in females than males.

Table 9: Dermatological Morbidity and Education

Education	Number of Patients	Total
Illiterate And Primary	Secondary, Higher Secondaty, Graduate	
68 (66.65%)	34 (33.35%)	100

44.11% Of the patients who had skin problems were illiterate. So we can conclude that dematological morbidities are more common in patients who lack education.

Table 10 A: Dermatological Morbities and Bath

Bath Daily	Number of Patients	Percentage
Yes	63	61.78
No	39	38.22
Total	102	100

Table 10 B

Bath and Dermatological Morbidity	Number of Patients	Percentage
Tinea Coporas	35	89.7
Others	04	10.3
Total	39	100

Out of 39 patients who did not take a bath daily suffered 35 patients had Tinea infecton.

Washing Clothes

Daily	Number of Patients	Percentage
Yes	59	57.84
No	43	42.16
Total	102	100

It was seen that 42.16% of the patients did not wash their clothes daily.

Out of 47 patients who had Tinea, 27 did not wash the clothes daily.

Dermatological Morbidity and Occupation

Occupation	No of Patients	Percentage
Skilled	9	8.84
Unskilled	30	29.41
Unemployed	23	22.54
Students	25	24.5
Others	15	14.7
Total	102	100

Maximum patients who had skin morbidities were unskilled workers

Dermatological Morbidity and Per Capita Income
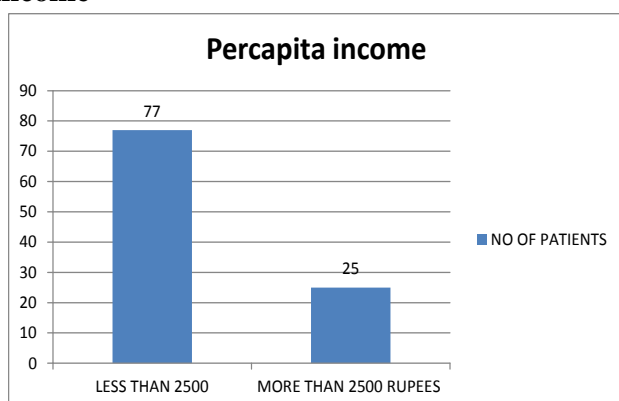
Per Capita Income	No of Patients	Percentage
Less Than 2500	77	75.5
More Than 2500 Rupees	25	24.50
Total	102	100

75.5% of the patients per capita income less than 2500 had a dermatological morbidity.

Number of Patients with Similar Complains in The Past

Similar Complains	No of Patients	Percentage
Yes	20	19.60
No	82	80.40
Total	102	100

About 19.60% of the patients gave the similar complains and 18% out of them it was Tinea**.**

Discussion

1) An observational cross-sectional hospital based study was carried out in the dermatology outpatient department of Calcutta National Medical College, India to find out the pattern of skin diseases and its socio-demographic and environmental correlates. Maximum number of study population were female gender (51.5%)[1]

This study also showed that females (69.9%) had the maximum dermatological morbidity

2) An observational cross-sectional hospital based study was carried out in the dermatology outpatient department of Calcutta National Medical College, showed that .Tinea and Acne most commonly recurred among the study population. Maintenance of personal hygiene (71.3%) and sufficient availability of water at household prevented recurrence later.

This study showed that Tinea was the most common infection, which recurred in most of patients who did not maintain hygiene

3) A study done by Dr Agrawal in 2012 in the patients diagnosed with dermatophytoses showed that Tineacorporis was the most common infection (37.3%)[2]

A similar study done in Tehran area in Iran showed that Tineacorporis was the maximum Dermatophytoses (31.4%)

This study also showed that Tineacorpris is the most common infection followed by Tineaincoginato.

4)A study conducted by Wadile Rahul gopichand in 2013 in Maharashtra showed that superficial mycoses was the most common infection which comprise of dermatophytes and yeast infection[3]

Conclusion

Dermatological morbidity was more common on females. Maximum morbidity was Tineacorporis followed by eczema. it was seen that 47 patients who suffered from Tineacorporis 35 patients did not take a bath daily. Around 42% did not wash clothes daily. Wearing moist clothes is an important cause of fungal infection.

It was also seen that factors like illiteracy, poor hygiene, low socio economic status are more prone for a dermatological morbidity specially like Tinea.

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