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STUDY OF INFECTIOUS DERMATOSES PATTERN IN PAEDIATRIC PATIENTS IN SOUTHEAST RAJASTHAN

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ABSTRACT

Background: In children both infectious and non-infectious agents are found to be responsible. Present study was planned to see the pattern of infectious dermatoses in paediatric population in a region of south east Rajasthan. **Materials and methods:** The study was conducted at Department of the dermatology of Ananta Institute of Medical Sciences and Research Centre, Rajsamand in the period of 10 months from Feb. 2017 to Aug. 2017. Total 746 patients below 14 years visiting the dermatology department during the study period were included in the study. The cases suspected having infectious dermatoses were further followed. The patients were divided into four age groups: below 1 year, 1-5 years, 5-10 years and 10-14 years and the results were analysed. Results- Out of 746 cases included infectious dermatoses were diagnosed in 310 cases (41.55%) with a slight predominance of male patients (175 males; 135 females). The maximum patients were from the age group of 5-10 years. The maximum patients were from the age group of 5-10 years. The maximum patients were from the age group of setulous and viral infections respectively. Conclusion- Younger school going children of 5-10 years are the most affected age group. Regular skin checkups should be encouraged at school and awareness should be raised about hygiene and screening of skin problems among parents.

Keywords: infectious and non-infectious agents, skin disorders, Impetigo, Furuncle, Folliculitis, carbuncle, Acne vulgaris

INTRODUCTION

The incidence of dermatoses is influenced by many factors including climate, lifestyle, immunity, genetic makeup and age of the individual.(1) Paediatric population is dependent on the other age groups for many requirements including a healthy life. In children both infectious and non-infectious agents are found to be responsible (2, 8, 12, and 14). Infections are reported to be the major cause of paediatric dermatoses in India (2, 8, 14) while in developed countries most of the causes are non infectious (14).

Skin diseases account for a significant fraction of children visiting the clinics (10, 17). The pattern of dermatoses is helpful in disease control, management of preventive measures and health education in a region. Present study was planned to see the pattern of infectious dermatoses in paediatric population in a region of south east Rajasthan.

MATERIALS AND METHODS

The study was conducted at Department of the dermatology of Ananta Institute of Medical Sciences and Research Centre, Rajsamand in the period of 10 months from Feb. 2017 to Aug. 2017. After receiving the ethical approval for the study informed consent was obtained for the patients included in the study.

Total 746 patients below 14 years visiting the dermatology department during the study period were included in the study. The cases diagnosed with a non infectious aetiology of the disease were excluded from the study. The cases suspected having infectious dermatoses were further followed. The diagnosis was done on the basis of history, clinical features, physical examination of skin, Wood's lamp examination, Gram's strain, KOH mount, and skin biopsy as needed. Bacterial and fungal culture results were followed with biochemistry analysis for the confirmation of aetiology. The patients were divided into four age groups: below 1 year, 1-5 years, 5-10 years and 10-14 years and the results were analysed accordingly.

RESULTS

Out of 746 cases included infectious dermatoses were diagnosed in 310 cases (41.55%) with a slight

predominance of male patients (175 males; 135 females). The maximum patients were from the age group of 5-10 years. Table 1 shows the distribution of total cases of dermatoses and cases of infectious dermatoses in the various age groups.

Table 1- Total cases of dermatoses and cases of infectious dermatoses in the four age groups

S. No.	Age groups	Total cases of dermatoses	Number of Infectious dermatoses
1	0-1 year	70	39
2	1-5 years	169	60
3	5- 10 years	315	128
4	10- 14 years	192	83
Total		746	310

Among the 310 cases of infectious dermatoses the most common types of infections were bacterial followed by fungal infections, infestations and viral infections respectively. The distribution of different aetiological agents in the four age groups is shown in Table 2.

Table 2- The distribution of different aetiological agents in the four age groups

Age group	Infectious dermatoses/Total	bacterial	fungal	viral	infestations
	cases				
0- 1 year	39	18/39 (46.15%)	10	3	8
			(25.64%)	(7.69%)	(20.51%)
1-5 years	60	28/60 (46.66%)	15/60	9/60	8/60 (13.33%)
			(25%)	(15%)	
5-10 years	128	49/128 (38.28%)	32/128	17/128	30/128
			(25%)	(13.28%)	(23.43%)
10-14 years	83	27/83	20/83	11/83	24/83
		(32.5%)	(24.09%)	(13.25%)	(28.9%)
Total	310	122 (39.39%)	77(24.88%)	40 (12.90%)	71(22.90%)

The most common type of bacterial infections was impetigo followed by furuncles and among the fungal infections tinea capitis was the most common type followed by candidiasis. Only two types of infestations namely scabies and pediculosis were observed in the study population. Highest percentage of scabies was observed in the age group of 0-1 year and the highest

percentage of pediculosis was observed in the age group of 10-14 years. The least common aetiology of infectious dermatoses found in all age groups was viruses. Molluscum contagiosum was the most common viral infection followed by Herpes Simplex and Herpes Zoster (Table 3).

Table 3- detailed aetiology of the infectious agents in the four study groups.

Aetiology	Total	0- 1 years	1-5 years	5-10 years	10-14 years
Bacterial	122	18/122	28/122	49/122	27/122
Impetigo	68	12	19	28	9
Furuncle	19	6	7	5	1
Folliculitis	17	0	0	12	5
carbuncle	4	0	1	1	2
Acne vulgaris	8	0	0	0	8
Paronychia	6	0	1	3	2
Fungal infections	77	10/77	15/77	32/77	20/77
Tinea capitis	24	2	8	13	1
Candidiasis	23	7	2	11	3
Tinea corporis	16	0	2	2	12
Tinea versicolour	14	1	3	6	4
Infestations	71	8/71	8/71	30/71	25/71
Scabies	19	7	1	8	4
Pediculosis capitis	52	1	7	22	21
Viral infections	40	3/40	9/40	17/40	11/40
Molluscum	18	2	5	8	3
contagiosum					
Herpes zoster	7	1	1	4	1
Herpes simplex	7	0	2	2	3
Warts (HPV)	4	0	0	1	3
Chicken pox	4	0	1	2	1
Total	310	39	60	128	83

DISCUSSION

Dermatological problems are common in all age groups. Information of aetiology of the infectious dermatoses in a particular area helps in the differential diagnosis and the control of the diseases at demographic level. Present study analyse causative agents of infectious dermatoses in paediatric age group.

Out of 746 samples included in the study 310 cases (41.55%) were of infectious dermatoses. Balai et. al (2). reported 40.6% of infectious dermatoses in his study from Udaipur. Patel et. al14. (2016) and Jawade et. al.,8 reported 52.55% and 49.16% cases of

infectious aetiology among the cases of dermatoses in paediatric age group.

In the present study male population clearly outnumbered the female population with a male female ratio of 1.29. Similar results were reported in other studies (2, 9, 11, 14) from various regions of the country.

Among the cases having dermatoses the maximum number of patients was from the age group of school going children of 5-10 years. This may be due to the fact that the children at this age are more exposed to the environment while still being young. Similar results were reported by Jawade et al, Nagarajan et al. and Sharma et al (8, 11, 19).

Out of the total 310 cases infective dermatoses, the most common type was bacterial infections (122, 39.39%) followed by fungal infections (77; 24.88%), infestations (71, 22.90%) and viral infections (40, 12.90%) respectively. In another study conducted in same area by Balai et al (2), similar results were seen. Almost similar results were observed by Sandeepthi et al.4 in Guntoor, though mycobacterial infections were not seen in the present study. Other studies (6, 10, 16) from the various regions also reported this trend. However many studies (8, 9, 14) have reported the maximum incidence of infestations in the paediatric age group while Nagarajan et al.(11) observed the maximum incidence of viral infections and Reddy & Rao (15), Sayal et al.,(17) reported maximum incidence of fungal infections. The variation in the observation may be due to differences in the geographical and environmental factors, hygiene and nutritional status of the study population.

The most common type of bacterial infection was impetigo followed by furuncles which is in line with observations of many other studies (2, 4, 8, 14). Acne vulgaris and folliculitis was not observed in infants and younger children which is in line with other studies (14).

Majority of fungal infection included Tinea capitis and candiasis which similar to the observation reported by many other studies (2, 5, 8) 16 from the different regions. In the present study the most common viral infection was Molluscum contagiosum. Other studies (2, 5, 8, 13) also reported the maximum incidence of Molluscum Contagiosum in the paediatric population Other viral infections of skin seen in the study population were Herpes Simplex, Herpes Zoster, Human Papilloma Virus and Varicella zoster.

Only two types of infestations were also observed in the study population. Pediculosis was seen in higher number patients than scabies. These results are similar to the findings reported by Jose et al.,9 Bhatia et al.,(3) while Balai et al., (2) Karthikeyan et al.,10 Negi et al.,(12) and Patel et al.,(14) reported higher incidence of scabies. Majority of cases infested by pediculosis were from the age groups of school going children where they come into contact with other children and get the infestation while in the infants scabies was

found to the more common type of infection. These observations are in agreement with other studies (14).

It can be concluded from the present study that infectious dermatoses are present in a significant fraction in the cases of paediatric dermatoses. Bacterial, fungal, viral infection and infestations of scabies and pediculosis are the common aetiologies. Awareness to the symptoms and progression can help to check the incidence of infectious dermatoses. Younger school going children of 5-10 years are the most affected age group. Regular skin checkups should be encouraged at school and awareness should be raised about hygiene and screening of skin problems among parents. Present study also provides baseline data for clinical, epidemiological and research benefits.

REFERENCES

- B. Rashmika Reddy, T.V. Narasimha Rao. Pattern of dermatoses among pediatric population attending tertiary care centre. International Journal of Contemporary Medical Research 2019;6(3):C16-C19.
- 2. Balai M, Khare AK, Gupta LK, Mittal A, Kuldeep CM. Pattern of pediatric dermatoses in a tertiary care centre of South West Rajasthan. Indian J Dermatol 2012;57:275-8.
- 3. Bhatia V. Extent and pattern of paediatric dermatoses in rural areas of central India. Indian J Dermatol Venereol Leprol 1997;63:22-5.
- 4. Dr. K.Sai Sandeepthi, ""A Clinical Study of Cutaneous Manifestations in Paediatric Age Group". IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), vol. 17, no. 11, 2018, pp 73-78.
- 5. Ghosh SK, Saha DK, Roy AK. A clinico-aetiological study of dermatoses in paediatric age group. Indian J Dermatol 1995;40:29-31.
- 6. Hayden GF. Skin diseases encountered in a pediatric clinic. Am J Dis Child 1985;139:36-8.
- 7. Javed M, Jairamani C. Pediatric dermatology: An audit at Hamdard University Hospital, Karachi. J Pak Assoc Dermatol 2006;16:93-6
- 8. Jawade SA, Chugh VS, Gohil SK, Mistry AS, Umrigar DD. A clinico-etiological study of dermatoses in pediatric age group in tertiary health

- care center in South Gujarat region. Indian J Dermatol 2015:60:635
- 9. Jose G, Vellaisamy SG, Govindarajan N, Gopalan K. Prevalence of common dermatoses in school children of rural areas of Salem; a region of South India. Indian J Paediatr Dermatol 2017;18:202-8.
- 10. Karthikeyan K, Thappa DM, Jeevankumar B. Pattern of pediatric dermatoses in a referral centre in South India. Indian Pediatr 2004;41:373-7
- Nagarajan K, Thokchom NS, Ibochouba K, Verma K, Hafi NA. Pattern of pediatric dermatoses in Northeast India. Indian J Paediatr Dermatol 2017;18:286-91.
- 12. Negi KS, Kandpal SD, Prasad D. Pattern of skin diseases in children in Garhwal region of Uttar Pradesh. Indian Pediatr. 2001;38:77-80
- 13. Patel JK, Vyas AP, Berman B, Vierra M. Incidence of childhood dermatoses in India. Skinmed 2010;8:136-42
- 14. Patel KB, Desai BR. Pediatric dermatoses encountered in dermatology outpatient department of a teaching institute. Int J Contemp Pediatr 2016;3:1178-84.
- 15. Reddy VS, Anoop T, Ajayakumar S, Bindurani S, Rajiv S, Bifi J. Study of clinical spectrum of

- pediatric dermatoses in patients attending a Tertiary Care Center in North Kerala. Indian J Paediatr Dermatol 2016;17:267-72.
- Sardana K, Mahajan S, Sarkar R, Mendiratta V, Bhushan P, Koranne RV, et al. The spectrum of skin disease among Indian children. Pediatr Dermatol 2009;26:6-13.
- Sayal SK, Bal AS, Gupta CM. Pattern of skin diseases in pediatric age group and adolescents. Indian J Dermatol Venereol Leprol 1998;64:117-9.
- 18. Sharma NK, Garg BK, Goel M. Pattern of skin diseases in urban school children. Indian J Dermatol Venereol Leprol 1986;52:330-331.
- Sharma RC, Mendiratta V. Clinical profile of cutaneous infections and infestations in the pediatric age group. Indian J Dermatol 1999;44:174-8.

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