



# International Journal of Dermatology, Venereology and Leprosy Sciences

E-ISSN: 2664-942X

P-ISSN: 2664-9411

[www.dermatologypaper.com](http://www.dermatologypaper.com)

Derma 2019; 2(1): 25-27

Received: 07-01-2019

Accepted: 12-02-2019

**Manoj Kumar Agarwala**

Assistant Professor,  
Department of Dermatology,  
Chandulal Chandrakar  
Memorial Medical College,  
Durg, Chhattisgarh, India

**Riddhi Arora**

Senior Resident, Department  
of Dermatology, Chandulal  
Chandrakar Memorial Medical  
College, Durg, Chhattisgarh,  
India

**Rohal Chandrakar**

Senior Resident, Department  
of Dermatology, Chandulal  
Chandrakar Memorial Medical  
College, Durg, Chhattisgarh,  
India

**Corresponding Author:**

**Rohal Chandrakar**

Senior Resident, Department  
of Dermatology, Chandulal  
Chandrakar Memorial Medical  
College, Durg, Chhattisgarh,  
India

## Determining the prevalence of infectious skin disorders encountered in children: Prospective observational assessment

**Manoj Kumar Agarwala, Riddhi Arora and Rohal Chandrakar**

DOI: <https://doi.org/10.33545/26649411.2019.v2.i1a.113>

### Abstract

**Background:** Infectious skin disorders (ISDs) are commonly seen in pediatric emergency departments (PED), however the exact frequency is unknown. Skin infections in pediatric age group have a different clinical course and treatment as compared to adult, so it is studied separately as Pediatric dermatology.

**Aim:** The present study aims to determine the prevalence and types of infectious skin disorders (ISDs) seen among children attending the Department of Dermatology, Chandulal Chandrakar Memorial Medical College, Durg, Chhattisgarh, India.

**Methods:** This is a prospective study; various dermatoses were studied in pediatric patients up to 14 years of age over a period of 1 year. All patients were divided into four different study groups: <1 month (neonates), 1 month to 1 year, >1 to 6 years and 7 to 14 years.

**Results:** Among the 600 pediatric skin infection patients, bacterial infections (210, 35%) were highest in number followed by fungal (198, 33%) and viral infections (54, 9%). Of the bacterial infections, impetigo was the predominant one contributing to 134(22.33%) cases. Other bacterial infections were furunculosis (64, 10.67%) and pyogenic abscess (12, 2%).

Dermatophytosis (102, 17%) attributed the major bulk of cases of fungal infections. Pityriasis versicolor (20, 3.33%) and candidiasis (76, 12.67%) were the other superficial fungal infections recorded in the study. Most prevalent viral infection was Molluscum contagiosum (33, 5.5%) followed by wart (12, 2%) and pityriasis rosea (9, 1.5%). Scabies (96, 16%) and pediculosis (42, 7%) were the two entities in the infestation group.

**Conclusion:** Our data reveal the extremely high frequency of ISDs seen at the PED, underlying the need for closer cooperation between dermatologists and pediatricians.

**Keywords:** ISD, fungal, bacterial

### Introduction

Cutaneous problems occur frequently in children; up to 30 percent of pediatric primary care visits involve a skin-related problem <sup>[1]</sup>. Common among these problems are atopic dermatitis, seborrheic dermatitis, contact dermatitis, and acne. Yet pediatric dermatology, first recognized in 2000 as a boarded subspecialty of dermatology, is in its infancy <sup>[2]</sup>. Dermatologic conditions constitute at least 30% of all outpatient visits to pediatricians and 30% of all visits to dermatologists involve children <sup>[3]</sup>. The incidence of various dermatologic conditions varies according to age, race, geographic locations, climate, nutrition, hygiene, socio-economic conditions and heredity <sup>[4, 5]</sup>. Several problems including lack of education, social backwardness, lack of health care facilities in the rural area, lack of sanitation, excess pollution and overcrowding contribute to more incidence of infectious disorders in developing countries like India.

The incidence of skin diseases among children in various parts of India has ranged from 8.7% to 38.8% in different studies usually school-based surveys <sup>[6]</sup>. Studies of pediatric population which constitutes the cornerstone of the community can play an important role in determining the policies of protective medicine and public health. The aim of the present study was to determine the prevalence and types of infectious skin disorders (ISDs) seen among children attending the Department of dermatology and VD.

### Methodology

This is a prospective study; various dermatoses were studied in pediatric patients up to 14 years of age over a period of 1 year.

All patients were divided into four different study groups: <1 month (neonates), 1 month to 1 year, >1 to 6 years and 7 to 14 years.

Patient's age, sex, address, religion and caste, nationality and socio-economic status were recorded. The diagnosis of dermatological condition was based on detail review of history, clinical features physical examination including skin. When necessary diagnosis was confirmed by laboratory investigations such as KOH mount, gram's stain, Wood's lamp examination, diascopy, Tzanck test, hematological and biochemistry analysis, purified protein derivative and skin biopsy as needed. Dermatoses were classified according to the Tenth Revision of International Statistical Classification of Diseases (ICD-10) [7]. Patients with more than one dermatological condition were excluded from the study.

## Results

A total of 600 children were enrolled in the study. Total boys were 323 (53.83%) while girls were 277 (46.17%). The neonates constituted 91 (15.17%) of study population. 1 month to 1 year age group constituted 69 (11.50%) children. Pre-school group (1 - 6 years) is the largest group with 243 (40.50%) children. There were 197 (32.83%) children in school going age group of 7 to 14 years.

**Table 1:** Age and sex wise distribution of children

	Variable	Number	%
Sex	Male	323	53.83
	female	277	46.17
Age	<1 month	91	15.17
	1 month – 1 year	69	11.50
	1-6 years	243	40.50
	7-14 years	197	32.83

Among the 600 pediatric skin infection patients, bacterial infections (210, 35%) were highest in number followed by fungal (198, 33%) and viral infections (54, 9%). Of the bacterial infections, impetigo was the predominant one contributing to 134(22.33%) cases. Other bacterial infections were furunculosis (64, 10.67%) and pyogenic abscess (12, 2%).

Dermatophytosis (102, 17%) attributed the major bulk of cases of fungal infections. Pityriasis versicolor (20, 3.33%) and candidiasis (76, 12.67%) were the other superficial fungal infections recorded in the study. Most prevalent viral infection was Molluscum contagiosum (33, 5.5%) followed by wart (12, 2%) and pityriasis rosea (9, 1.5%). Scabies (96, 16%) and pediculosis (42, 7%) were the two entities in the infestation group.

**Table 2:** Pattern of various ISDs in neonates

ISD		No.	%
Bacterial (210)	Impetigo	134	22.33
	Furunculosis	64	10.67
	Pyogenic abscess	12	02.00
Viral (54)	Molluscum contagiosum	33	05.50
	Wart	12	02.00
	Pityriasis rosea	9	01.50
Fungal (198)	Dermatophytosis	102	17.00
	Pityriasis versicolor	20	3.33
	Candidiasis	76	12.67
Infestations (138)	Scabies	96	16.00
	Pediculosis	42	07.00
Total		600	100

## Discussion

Skin diseases are a major health problem in the pediatric age group and are associated with significant morbidity. Skin diseases in the pediatric age group can be transitory or chronic and recurrent. Cutaneous infections are common in children during school going years. Most of the cutaneous diseases that result from intrinsic genetic abnormalities also have onset in the pediatric age-group.

Our study reveals the findings from a tertiary care centre, which showed a male predominance in the study population, alike studies by Roy *et al.* [8] and Sacchidanand S *et al.* [9] In our study, highest number of cases were of bacterial infections followed by fungal and viral infections. This distribution pattern of infectious diseases was at par with studies by Balai *et al.* [12] and Kartikayen *et al.* [13] Fungal and viral infections were found more in number than other infections by Reddy VS *et al.* [11] and Ngarajan *et al.* [10] respectively. Among bacterial infections impetigo was most frequently encountered in our study as well as by many other authors [11, 12, 14]. Tropical climate, poor hygiene, breach in the skin often predisposes to this kind of bacterial infection.

Pediatric dermatophytosis is becoming a challenge for the treating dermatologist because of its widespread and atypical presentation. In our study 17 % cases of the study population were of dermatophytosis. Study by Reddy *et al.* [15] from South India found approximately same percentage (16.2%) of dermatophytosis cases in their study population. Pityriasis versicolor cases were 3.33% of the study population which was slightly lower than studies by other authors [11, 13, 16] that ranged from 3.4 -8.5%. Molluscum contagiosum and wart were the two most common viral infections in our study. Similar observations were made in study from North Kerala [11].

Among parasitic infestations scabies is quite common in pediatric population as found in our study (11.12% of total dermatoses) which was close to observation by Sardana *et al.* [17]

## Conclusion

The study shows that infections and infestation disorders were more common in the pediatric age group that can be controlled easily by public awareness, proper sanitation and providing health care facilities by training the dermatologists, pediatricians and general practitioners about the management of common skin disorders. Early detection and initiation of treatment can break the chain of transmission and improve long term disease outcome.

## References

- Hurwitz S. The history of pediatric dermatology in the United States. *Pediatr Dermatol.* 1988;5(4):280-285.
- Prindaville B, Antaya RJ, Siegfriend EC. Pediatric dermatology: past, present, and future. *Pediatr Dermatol.* 2015;32(1):1-12.
- Wisuthsarewong W, Viravan S. Analysis of skin diseases in a referral pediatric dermatology clinic in Thailand. *J Med Assoc Thai.* 2000;83:999-1004.
- Laude TA. Approach to dermatologic disorders in black children. *Semin Dermatol.* 1995;14:15-20.
- Roger M, Barnetson RS. Diseases of skin. In: Campbell AGM, Mcintosh N, editors. *Fortar and Arneil's Textbook of pediatrics.* 5<sup>th</sup> ed. New York, NY: Churchil Livingstone, 1998, p. 1633-5.

6. Sharma NK, Garg BK, Goel M. Pattern of skin diseases in urban school children. *Indian J Dermatol Venereol Leprol.* 1986;52:330-1.
7. WHO. ICD-10: International Statistical Classification of Diseases and Related Health Problems, Tenth Revision. 2<sup>nd</sup> edn. Geneva: World Health Organization, 2004.
8. Roy S, Jindal R, Jain E. Patterns of pediatric dermatoses at a tertiary care centre in Uttarakhand. *J. Evid Based Med. Healthc.* 2016; 3(12):345-7.
9. Sacchidanand S, Sahana MS, Asha GS, Shilpa K. Pattern of Pediatric Dermatoses at a Referral Centre. *Indian J Pediatr.* 2014; 81(4):375-80.
10. 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.
11. 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.
12. 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(4):275-8.
13. Karthikeyan K, Thappa DM, Jeevankumar B. Pattern of pediatric dermatoses in a referral centre in South India. *Indian Pediatr.* 2004;41(4):373-7.
14. Mitra M, Mitra C, Gangopadhyay DN. Effect of environment on pediatric dermatoses. *Indian J Dermatol.* 2005; 50:64-7.
15. Rashmika Reddy B, Narasimha Rao TV. Pattern of dermatoses among pediatric population attending tertiary care centre. *International Journal of Contemporary Medical Research.* 2019;6(3):C16-C19.
16. Saurabh S, Sahu SK, Sadishkumar A, Kakkanattu JC, Prapath I, Ralte IL, *et al.* Screening for skin disease among primary school children in a rural area of Puducherry. *Indian J Dermatol Venereol Leprol.* 2013;79:268.
17. 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.