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Original Research Article

To study Papulosquamous dermatoses patients timely care and treatment in Ujjain patients

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Abstract:

Background & Method: The aim of this study is to Papulosquamous Dermatoses patients timely care and treatment in Ujjain Patients. Total two hundred twenty nine (229) patients were clinically diagnosed to have the papulosquamous dermatoses and given written consent to participate during the study period. A detailed history of onset, duration, progression and associated symptoms were obtained from the patients and their parents. Relevant past history, family history and drug intake prior the onset of the disease is recorded. General and systemic examination was done

Result: In 2 (1.8%) Psoriasis and 1 (4.2%) case of Pityriasis Rosea protected site was involved. In all cases of lichen planus, seborrheic dermatitis, classical variant of pityriasis rubra pilaris pruritus was present. In Psoriasis 90 (79.6%) cases pruritus was present. In pityriasis rosea 15 (62.5%) cases pruritus was present. Pruritus is absent in Pityriasis lichenoides chronica and lymphomatoid papulosis cases.

Conclusion: Pruritus is seen in most of the patients. Various factors like age, sex and climatic variations play role in the occurrence and aggravation of papulosquamous dermatoses. We need more longer duration observational studies on papulosquamous disorders for better understanding of the geographical variations and environmental influences.

Keywords: papulosquamous, dermatoses, treatment & ujjain.

Study Designed: Observational Study.

1. INTRODUCTION

The papulosquamous diseases are group of dermatoses which are characterized by scaly papules and plaques. The word “Papule” is derived from latin word papula which means pimple and “scale” derived from latin word which means squames[1]. These diseases are very important for a dermatologist as they are frequently seen by them and are characterised by papules, plaques and scaling, clinical confusion may result in their differentiation[2]. Separation of these diseases

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becomes important because the treatment and prognosis for each of these will be disease specific. The frequency of distribution of papulosquamous disorders varies in different age group,example guttate psoriasis are more common in children than in adult[3].
Sometimes the morphology of lesion also vary in papulosquamous diseases which can present in atypical form like pustular variant of psoriasis or bullousvariant of lichen planus. Some diseases are very chronic and relapsing so a constant follow up of patient is required for efficient management of the diseases. Various authors have included different group of disorders in their study of papulosquamous disorders[4].
Psoriasis is a chronic inflammatory skin disease with remissions and exacerbations. It is characterized by presence of bilaterally red, scaly, sharply well defined, indurated plaques which are present mainly over extensor surfaces and scalp[5]. The disease can manifest with different morphology, duration, severity and distribution. The disease is multifactorial in origin with both genetic and environmental factors playing a role in its development.
Atypical presentations can be there in individual diseases. Among wide spectrum of skin diseases, Papulosquamous condition form most common group. There is a need to study the exact, pattern and prevalence of this disorder in different age groups. Besides the prevalence, clinical types and presentation of these skin diseases also differ nationwide according to the geographical regions and the management of patient will also differ accordingly[6]. Some of papulosquamous disorder mimic each other and a good diagnostician mind can navigate through it. If we make good diagnosis it will save our time, money and biopsy investigation and others resources.

2. MATERIAL & METHOD

The present study was conducted in the outpatient department of dermatology, R.D. Gardi medical college and C.R. Gardi hospital between the time period of January 2018 and January 2019. This was the cross sectional and observational study of papulosquamous dermatoses in general population who were clinically diagnosed to have the papulosquamous disorder as per ICD 10 classification and were willing to participate in the study. Ethical committee clearance was obtained. A written informed consent form was obtained from patients.

Inclusion criteria:

- All fresh and old patients with papulosquamous skin diseases presenting to RDGMC institution.
- Patients who have given consent for study.

Exclusion criteria:

- Papulosquamous patients who are not cooperative or not willing to participate in the study.
- Papulosquamous dermatoses patients with secondary malignancies and sexually transmitted diseases.
- Patients with terminal illness.
- Patients with drug induced Papulosquamous disorders.

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3. METHODOLOGY:

Total two hundred twenty nine (229) patients were clinically diagnosed to have the papulosquamous dermatoses and given written consent to participate during the study period. A detailed history of onset, duration, progression and associated symptoms were obtained from the patients and their parents. Relevant past history, family history and drug intake prior the onset of the disease is recorded. General and systemic examination was done.

Dermatological examination was carried out. Morphology, distribution, character of scales and any special features were recorded. Nail, oral and genital mucosa were examined in detail. All routine investigations including haemoglobin, total leukocyte count, differential count, hepatic and renal profile was done depending on the requirement of the management of the disease. Special investigation like biopsy was done in doubtful cases for confirmation of diagnosis. The findings was recorded in the proforma and tabulated in the master chart. The results was analysed and discussed in detail.

4. RESULTS

Table -1: Distribution of patients according to age (n=229)

Age(in years)	Patients	Percent
< = 10	26	11.4
11 - 30	72	31.4
31 - 50	99	43.2
51 - 70	31	13.5
> 70	1	.4
Total	229	100.0

The above table shows the distribution of patients according to age. Majority of the patients belong to the group 31-50 years (43.2%), followed by 11-30 years (31.4%) and the least age group was more than 70 years (0.4%).

Table -2: Distribution of patients according to sex

Sex	Patients	Percent
Male	139	60.7
Female	90	39.3
Total	229	100.0

The above table shows the distribution of patients according to sex. There were 139 (60.7%) males and 90 (39.3%) females, showing a male preponderance in the study patients. Overall male to female ratio was 1.54:1

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Table-3: Distribution of patients according to type of lesion

Type of Lesion	Patients	Percent
Papule	36	15.7
Papule, plaque	104	45.4
Plaque	87	38.0
Plaque,Pustules	2	.9
Total	229	100.0

The above table shows that 104 (45.4%) patients have papule along with plaque type lesion and least type is plaque with pustules type lesion in 2 (0.9%) patients.

Table-4: Distribution of Papulosquamous dermatoses according to protected site (Axilla, Groin and Perineum) involvement.

Diagnosis	Protected Side(Axillae, Groin, and Perinium		Total
	Absent	Present	
Lichen Planus	56	0	56
	100.0%	0.0%	100.0%
Psoriasis	111	2	113
	98.2%	1.8%	100.0%
Pityriasis Rosea	23	1	24
	95.8%	4.2%	100.0%
Seborrheic capitis	9	0	9
	100.0%	0.0%	100.0%
Lichen Striatus	8	0	8
	100.0%	0.0%	100.0%
Pityriasis lichenoides chronica	5	0	5
	100.0%	0.0%	100.0%
Small Plaque Parapsoriasis	7	0	7
	100.0%	0.0%	100.0%
Lichen nitidus	3	0	3
	100.0%	0.0%	100.0%
Classical juvenile PRP	3	0	3
	100.0%	0.0%	100.0%
Lymphomatoid Papulosis	1	0	1
	100.0%	0.0%	100.0%
Total	226	3	229
	98.7%	1.3%	100.0%

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In 2 (1.8%) Psoriasis and 1 (4.2%) case of Pityriasis Rosea protected site was involved.

Table-5: Distribution of Papulosquamous dermatoses associated with pruritus

Diagnosis	**Pruritus**		**Total**
	Absent	**Present**	
Lichen Planus	0	56	56
	0.0%	100.0%	100.0%
Psoriasis	23	90	113
	20.4%	79.6%	100.0%
Pityriasis Rosea	9	15	24
	37.5%	62.5%	100.0%
Seborrheic capitis	0	9	9
	0.0%	100.0%	100.0%
Lichen Striatus	7	1	8
	87.5%	12.5%	100.0%
Pityriasis lichenoides chronica	5	0	5
	100.0%	0.0%	100.0%
Small Plaque Parapsoriasis	2	5	7
	28.6%	71.4%	100.0%
Lichen nitidus	2	1	3
	66.7%	33.3%	100.0%
Classical juvenile PRP	0	3	3
	0.0%	100.0%	100.0%
Lymphomatoid Papulosis	1	0	1
	100.0%	0.0%	100.0%
Total	49	180	229
	21.4%	78.6%	100.0%

In all cases of lichen planus, seborrheic dermatitis, classical variant of pityriasis rubra pilaris pruritus was present. In Psoriasis 90 (79.6%) cases pruritus was present. In pityriasis rosea 15 (62.5%) cases pruritus was present. Pruritus is absent in Pityriasis lichenoides chronica and lymphomatoid papulosis cases.

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5. DISCUSSION

The present study was conducted in R.D. Gardi Medical college a tertiary care center, Ujjain. In the present study 229 cases of papulosquamous dermatoses were observed. Papulosquamous disorder is collection of heterogenous diseases. The diseases which forms major part like Psoriasis, Lichen Planus, Pityriasis Rosea, Seborrheic dermatitis, Parapsoriasis, Lichen nitidus, Lichen striatus, Pityriasis Lichenoides shows characteristic skin and nail changes.

In present study pruritus is present in 79.6% cases of psoriasis while in other studies like Okhandiar et al[7] found pruritus present in 95% cases, Bedi[8] it was present in 81%, Kaur et al[9] it was 65% present.

In present study pruritus is present in 79.6% cases of psoriasis while in other studies like Okhandiar et al[7]found pruritus present in 95% cases, Bedi[8] it was present in 81%, Kaur et al[9] it was 65% present.

It is involved in 21.4% and 5.4% cases in present study while in Bhattacharya et al[10] it is 16.8% and 5.2% cases.

6. CONCLUSION

Pruritus is seen in most of the patients. Various factors like age, sex and climatic variations play role in the occurrence and aggravation of papulosquamous dermatoses. We need more longer duration observational studies on papulosquamous disorders for better understanding of the geographical variations and environmental influences.

7. REFERENCES

[1] Taieb A, Grosshans E. Lichen striatus. In: Irvine A, Hoeger P, Yan A, editors. Harper's Textbook of Pediatric Dermatology. 3rd ed. Hoboken, NJ: Blackwell Publishing Ltd.; 2011. p. 86.1-86.7.

[2] Gibson LE, Perry HO. Papulosquamous and exfoliative dermatitis. In Moschella SL, Hurley HJ, editors. Dermatology. 3rd ed. Philadelphia: WB Saunder’s company ; 1992.p607-51.

[3] Mobini N, Toussaint S, Kamino H. Non-infectious erythematous popular and squamous disorders. In Elder DE, Elensistsas R, JohnsonJr.Bl, Murphy GF, editors. Lever’s histopathology of skin.9thed Philadelphia: Lippincott Williams and Wilkns ; 2006. p179-214.

[4] Benoit S, Hamm H. Psoriasis in childhood and adolescence. Clinical features and therapy. Hautarzt 2009;60:100-8.

[5] Dogra S, Yadav S. Psoriasis in India: Prevalence and pattern. Indian J Dermatol Venereol Leprol. 2010;76:595–601.

[6] B, Jain R, Sandhu K, Kaur I, Handa S. Epidemiology of childhood psoriasis: A study of 419 patients from northern India. Int J Dermatol 2004;43:654-8.

[7] Okhandiar RP, Banerjee BN. Psoriasis in the tropics: An epidemiological survey. J Indian Med Assoc 1963;41:550-6.

[8] Bedi TR. Psoriasis in north India. Geographical variations. Dermatologica 1977;155:310-4.

[9] Kaur I, Handa S, Kumar B. Natural history of psoriasis: a study from the Indian subcontinent. J Dermatol 1997;24:230-4.

[10] Bhattacharya M,Kaur I,Kumar B .Lichen planus:a clinical and epidemiological study.J.Dermatol 2000,sep;27(9):576-82.