IN Incidence of Skin Disease in Children in the District of Bankura*

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Bankura

The socio-economic status of a nation is reflected in the health of its young. The organ which falls a prey to health insults most often is the skin. Thus a study of the prevalence and ecology of skin diseases in children provides a reasonable yardstick for the measurement of the growth and economic progress of a given community.

A number of such studies have been carried out (Chaudhuri and Chaudhuri 1962, Shah and Udani 1968, Dutta Banik et al. 1970, Satpathy 1971, Mathur et al. 1974) but most of these studies were concerned with specific groups of children rather than the entire child community of a given place at a specific time. Besides, few of these studies were concerned with rural children, as these were carried out at large city hospitals with a strong urban bias, although the large majority of people in India live in rural areas.

Bankura Sammilani Medical College Hospital is a teaching hospital situated in the small town of Bankura with a population of less than 100,000. The hospital provides free services and covers a majority of the rural people from the districts of Bankura, Purulia, Birbhum, Burdwan and Midnapore.

It is thus ideally located for a study of this nature, which will reflect the socio-economic condition of rural people living in the Western part of West Bengal.

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Material

All patients below the age of 14 years who attended the Bankura Sammilani Medical College Hospital Skin Outpatients' Department during the one-year-period from December 1972 to November 1973 have been included in the present study. All these patients were examined, screened and diagnosed by the same group of physicians. A complete record of each case was maintained according to a standard proforma.

Incidence

The total number of patients below 14 years of age was 9573, accounting for 39.5% of the total attendance at the skin O.P.D. (24,232) during the same time. This incidence is slightly higher in comparison with Mathur's figures (1974) who was also concerned mainly with rural children. Dutta Banik's (1970) figures, however, showed an incidence of only 18%. It is interesting to note that his study was carried out among school children in Delhi.

Analysis

For convenience, the cases have been grouped under eight headings, according to the relative incidence of each disease (Table 1).

Group 1

Pyoderma, the commonest dermatological disorder encountered among children, consists of impetigo, ecthyma, furuncles and folliculitis. Impetigo is common
among young children coming from low income groups, having little education in personal hygiene. Ecthyma was comparatively uncommon. Ninety per cent of these patients had scabies in association. The high incidence of pyoderma and parasitosis is a direct pointer to the poor personal hygiene observed among the people studied.

Of parasitic diseases, scabies and pediculosis were commonly encountered. More than one-third of all patients with scabies were below 5 years of age and showed eczematous changes limited mainly to the front of the legs and cheeks. Gross lack of personal hygiene and failure of all family members to undergo treatment at the same time, resulted in a high failure rate (about 40%) in the treatment of scabies. Pediculosis capitis was detected only in female children of prepubertal or pubertal groups. It was less common among young children.

Insect bites resulting in papular urticaria and ticks were not uncommon. Cases of insect bite appeared to be on the increase.

**Group II**

Of eczematous dermatoses, atopic dermatitis, contact dermatitis, seborrheic eczema and pompholyx (both cheiro and podo) were observed. It is interesting to note that local use of the fruit of the plant "valai" in the treatment of skin diseases was responsible for a significant number of cases of contact dermatitis. This fruit was very often used to "cure" tuberculoid leprosy cases with a single lesion.

Miliaria was very common in summer. Younger children were more affected. Often, secondary infection supervened.

**Group III**

Deficiency skin disease was the third group in order of frequency. It accounted for about 18% of all the cases. This figure is surprisingly close to that of Dutta Banik et al. (1970) who carried out their study among urban school children.