

Research

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Clinical and Epidemiological Aspect of Black African Adult Women With Facial Dermatoses

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ABSTRACT

Objective: To describe the clinical and epidemiological aspects of black African adult women affected by facial dermatosis.

Materials and Methods: It was a descriptive and retrospective study conducted at the Dermato-venereology Department of the Teaching Hospital of Treichville. It was conducted over a period of 5 years from January 2010 to December 2014. This study concerned women aged over 18 years who have attended consultation for any facial dermatosis and had a diagnosis after a paraclinical and/or clinical examination. Have not been taken into account in the study, all Caucasian women and all other women with uncompleted records which do not contain all the epidemiological and clinical data required for the study. Data were entered through Epi Info™ versions 3.5.1 software and analysed with Excel 2013 software.

Results: During the 5 years, we registered 7,898 patients over 18-years-old, 1,192 of these were affected by facial dermatosis that is 15.09%. The mean age was 37.7 ranging from 18 to 89-years-old. There were at least two facial dermatosis in 2.51% cases. The pigmentary disorders occurred mostly in 24.7% followed by acne group and seborrheic dermatitis (19.5%). The first three facial dermatosis of women were exogenous ochronosis, seborrheic dermatitis and lichen planus respectively 16.7%, 10.7% and 10%.

Conclusion: Pigmentary disorders due to depigmentation practices are predominant. Ochronosis exogenous, seborrheic dermatitis and acne are the most frequent.

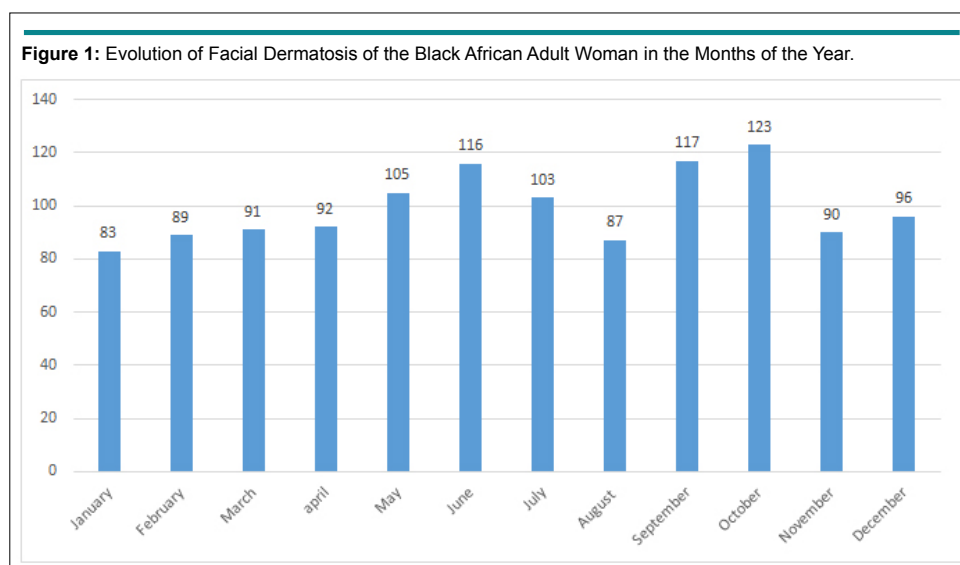
KEY WORDS: Adult; Dermatitis; Face; Women.

INTRODUCTION

The face is the main interface of interhuman relations. Therefore, the facial dermatosis in their apparent character caused most often aesthetical damage and secondary psychic suffering in their apparent character. This psychic suffering are more intense in adult women whose face constitutes an important element of their charm and their seduction. Black African women are also concerned. In this context, it is important to identify all facial dermatosis in adult women in order to elaborate an effective treatment of these apparent pathologies. This study aimed at identifying all dermatosis occurring on the face of black African adult women specially. Specifically, this study aimed at describing the epidemiological and clinical characteristics of facial dermatosis of black adult woman (Figure 1).¹

MATERIALS AND METHODS

Our study was conducted in the Dermatology and Venereology Department of the Teaching Hospital of Treichville, National Reference Centre for Skin Disease in Ivory Coast. This was



a descriptive, retrospective study conducted over a period of 5 years, from January 2010 to December 2014. Medical records of outpatients were received during the period of the study. All medical records of women, older than 18, consulted with any facial dermatosis revealed by a clinical and/or paraclinical examination, were surveyed. Have not been included are all Caucasian women and women with uncompleted medical records which lacks all epidemiological and clinical data required for the study. Socio-demographic and diagnostic data of patients were identified on pre-established survey sheet. Data collection was done using Epi Info™ versions 3.5.1 software. Data were analysed with Excel version 2013 software.

RESULTS

Epidemiological Aspects

We identified over the period of 5 years 7,898 patients over 18-years-old, of these, 1,192 showed some facial dermatosis that is 15.09%. The mean age was 37.7 ranging from 18 to 89 years old. Women without monthly income were the most numerous with 22.4%, followed by pupils and students and women without official occupation 20.7% and 20.4% respectively. Most of the patients were from Abidjan and its suburbs in 86.2%. During the years, in June and October, facial dermatosis met two peaks rate of incidence at least two facial dermatosis in 2.51% cases (Table 1).

Clinical Aspects of Facial Dermatoses

Pigmentary disorders were most frequent 24.1% followed by acne group and seborrheic dermatitis in (19.5%) and endogenous inflammatory dermatosis (11.2%). The first three women facial dermatosis were as follow exogenous ochronosis, seborrheic dermatitis and lichen planus 16.7%, 10.7% and 10% respectively (Table 2).

DISCUSSION

Facial dermatosis affect the quality of life (QoL), are sometimes followed by some important psychic disorders and inspired often an immediate consultation of the dermatologist. They are numerous and frequently lead to medical consultation.²⁻⁴ This prevalence is related to race, sex and age. In literature, it is rare to find studies compiling all the facial dermatosis. The originality of this study reside in the overriding role played by adult women face for her psycho-social equilibrium. This study is therefore a compass for all dermatologists interested in black women from Africa. Nevertheless, some authors were interested in some dermatosis which may affect adult woman generally^{2,5,6} and in particular black African's face.^{7,8} The prevalence is relatively low, and it may be justified by the pauperization and the fact that some patients preferred to consult a beautician for any facial care. The average age of our patients is 37.7. It reflects the demography of sub-saharian African population in general and particularly in Ivory Coast. Actually, the census of the Ivorian population in 2014 showed that 77.7 % were youth under 35 years old that is just over 3 in 4 people.⁹ These young girls are mostly with limited financial resources as revealed in our study, a prevalence of 22.4% of women without monthly income and 20.7% of pupils and students. This low-economic level may lead some women to use folk's African medicine and patent medicines which are relatively less expensive.^{10,11} Two peaks rate of incidence of facial dermatosis were found during years, in June (116 cases) and (123) cases in October. These two months open the door to two main periods of the life of the young girl during years. Indeed, in June they are about to go on school holidays for students and annual holidays for workers whereas in October they are getting ready for the feast of the end of the year. We notice during these great periods that there is a particular care for the physical appearance. The period preceding these events allow them to look for good results of the treatment undertaken.

Table 1: Distribution of Dermatoses Groups of Face of African Adult Woman by Major Dermatoses.

Dermatoses groups of face	Major dermatosis/frequency	Frequency of dermatosis groups	Percentage of dermatosis groups
Pigmentary disorder	Ochronosis/199	287	24.1%
	Melasma/42		
	Hyperpigmentation after Inflammatory/39		
Acne and seborrheic Dermatitis	Acne/104	232	19.5%
	Seborrheic Dermatitis/128		
Exogenous dermatosis	Eczema/119	159	13.3%
	Irritant dermatitis/40		
Drug eruption	toxic epidermal necrolysis/98	132	11.1%
	Fixed drug eruption/21		
	Maculopapular rash /13		
Tumoral dermatosis	Dermatoses papulosa nigra/45	131	11.0%
	Sebaceous cyst/25		
	Nevus/13		
Autoimmune disease	discoid Lupus/60	91	7.6%
	Pemphigus/13		
	Dermatomyositis/7		
Inflammatory endogenous dermatosis	Lichen planus/48	63	05.3%
	Xanthelasma/9		
	Sarcoidosis/6		
Infectious Dermatoses	Zona/20	56	4.7%
	Dermatophyte/11		
	superficial cutaneous bacterial infection/7		
Various dermatosis	peri oral Dermatitis/8	41	3.4%
	post traumatic Scar/7		
	Vitiligo/5		
Total		1192	100%

Table 2: Distribution of the Face Dermatoses of African Adult Woman by Rank.

Rank	Diagnostic	Frequency	Percentage
1 st	exogenous ochronosis	199	16.7%
2 nd	Seborrheic dermatitis	128	10.7%
3 rd	Eczema	119	10.0%
4 th	Acne	104	8.7%
5 th	Toxic epidermal necrolysis	98	8.2%
6 th	Discoid lupus	60	5.0%
7 th	Lichen planus	48	4.0%
8 th	Dermatoses papulosa nigra	45	3.8%
9 th	Melasma	42	3.5%
10 th	Irritant dermatitis	40	3.3%

Photo 1: Ochronosis of the Face.**Photo 2:** Seborrheic Dermatitis of the Face.**Photo 3:** Acne of the Face.

Dermatosis leading to pigmentary disorders were the most frequent and they were followed by those composed of acne, seborrheic dermatitis with 24.1%, 19.5% of cases respectively. The group of pigmentary disorder were predominant because of the growth of the use of beauty products in black African generally and Ivory coast in particular. This practice is found in 49.2% of women who attended to consultation in Burkina according to Traore et al.¹² The prevalence of the people of Abidjan, the economic capital of Ivory Coast was estimated 53% in 2008.¹³

This practice was most often responsible for the first four facial dermatosis identified in our study (Exogenous ochronosis, eczema, seborrheic dermatitis and acne). Our study revealed the preponderance of exogenous ochronosis which are caused by the use of some beauty products containing hydroquinone.^{6,14} Most often, women held surgery with the dermatologist because beautician and traditional doctors had failed to cure this dermatosis.¹⁵⁻¹⁷ Infectious dermatosis occur rarely on the face of adult women whereas they occur frequently during our current general consultation as dermatologist.¹⁵⁻¹⁷ Indeed infectious der-

matosis are the first reason for consultation in the Teaching Hospital of Treichville, Abidjan.¹⁵ The low prevalence of infectious facial dermatosis would be due to the improvement over years of the skin hygiene (Photos 1, 2 and 3).

CONCLUSION

Dermatosis which occurs on the face of black adult women are not rare. They occur most often in young girls with low financial income. The pigmentary disorders due to some depigmentation practices are preponderant. The most frequent are ochronosis exogenous, seborrheic dermatitis and acne.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

CONSENT

Consent has been taken from the patient for purpose of using patient photographs for publication in print or on the internet.

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