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Research Article

SKIN DISORDERS IN HILLY AREAS OF MURREE¹Muhammad Saarim Shahid, ²Muhammad azib ali¹S/O Shahid latif, ²Bahria international hospital bahria town lahore**Article Received:** November 2020 **Accepted:** December 2020 **Published:** January 2021**Abstract:**

Background: Skin diseases are common in hilly areas of Pakistan. The skin health is dependent upon many factors like nutrition, climate, geography, genetics and culture of the community.

Objective: The objective of the study is to study the skin profile and morbidity in the hilly region of Murree and its surroundings.

Methodology: This study is carried out in walk in patients in BHUs and THH in Muree who came with different skin diseases.

Results: Almost 5000 patients walk in from April 2017 to August 2017 with different medical issues. Prevalence of skin diseases is almost 30 per cent in the population (male 20 %, female 30 % and children 50%). The common skin morbidity includes eczemas, hyper pigmentations, acne, urticaria, moles, and sexuality related skin diseases.

Conclusion: The study will help in policy making and planning to create skin health awareness in the community and also help in imparting training to the health workers and staff to deal with specialized need of the community.

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INTRODUCTION:

The prevalence of skin diseases among the population of Murree varies from 20 percent to 30 per cent. There are many factors which can enhance the problem due to the poor spending of government on basic amenities, poor hygiene factor, overcrowding in the

hot summer seasons and difficult access to the health facility in remote hilly areas. This situation is present in almost all developing countries.(3,4).Murree is popular tourist spot in summer due to its high altitude and pleasant weather. It is tehsil of Rawalpindi and comes under the administration of Punjab Government



Skin diseases have bad impact upon the quality of life. Therefore it is vital to have in depth knowledge of the population and its culture to analyze the magnitude and distribution of the skin diseases. The research will help to provide better health services to the community.

METHODOLOGY:

The study was conducted in the Murree , New Murree and its surroundings. The population of murree is also considered seasonal. The local population main business is tourism, agriculture based products, livestock and transportation. The community is overall poor and have hard access to the basic and tehsil health units although they are free but still it is hard to reach from distanced mountains. Skin diseases were registered and information was gathered regarding, gender, age, location, new case, follow up and chronic issue. In order to conduct the study, the questionnaire was developed to get all the relevant information with the permission of the patient by maintaining their privacy and secrecy about the disease. The most common prevalent diseases were listed like scabies, fungal infections, eczema, bacterial infection, warts, hyperpigmentataion, pruritus, urticaria, birthmarks, cysts, acne and vitligo. Also the financial and education status of the patients were recorded. The patients were also asked about their routine activities, hygiene awareness, social activities, home/school/work cleanliness, sports activities,

personal relationship and the previous treatment if they are taking any. Almost all the patients were barely educated and literate.

RESULTS:

Among the outdoor patient who attend the hospitals the skin patients comprised of almost 30 percent. Total of 5000 patients the skin disease patients were 1500. Among those the ratio of children having skin issues were 750, male age above 20 years were 300 and female age above 20 were 450. Female patients were slightly higher in proportion. The skin disorder was classified in different groups and categories. The infection of the skin which was commonly observed were subcutaneous tissue 47%, dermatitis 23% eczema 12% and 23 percent miscellaneous other skin disorders. Among the infection of subcutaneous tissue, the most prevalent infection was fungal infection followed by the bacterial and viral skin disorder. Table 2 shows the prevalence of most common diseases in detail. When other journal publications by different authors, researchers and doctors were studied in detail from different region in the South Asia and other regions the results were quite similar. Almost the skin morbidity was same and the situation was minor in areas where the population was educated and well informed about health hygiene. Similarly, the situation was worse where the population was poor and has less access to necessities of life.

When we talk about adult male the most common skin diseases were dermatitis, fungal infection, acne, scabies and other subcutaneous tissue skin disorder. The adult female has almost the same issue followed by viral and melasma issue. The pattern of skin

morbidity was higher in female adults. In pediatrics cases the common skin diseases were fungal infection, viral, scabies and bacterial infection. The skin morbidity pattern was almost the same with no significant difference.

Table 1

Serial #	Gender	Value	Percentage
1	Adult male(20-70)	300	20
2	Adult female(20-70)	450	30
3	Children less than 18 years(girls and boys)	750	50

Table 2

	Category of ICD	Diseases	Value	Percentage
1	Skin and subcutaneous tissue infection	Bacterial diseases	170	11.6
		Leprosy	23	1.5
		Scabies	290	19.3
		Viral Diseases	310	20.6
		Fungal infection	430	28.6
		pruritus	130	8.6
2	Eczema and Dermatitis	Eruption of drug	25	1.6
		Dermatitis	230	15.3
		Hand and foot eczema	90	6
3	Erythema and urticaria	Urticaria	40	2.6
		Figurate of erythema	20	1.3
4	Miscellaneous skin diseases	Acne	390	26
		Melasma	850	56
		Nervus	30	2
		Vitiligo	28	1.8
		Keloid	15	1
		Scleroderma	15	1
		Facial melanosis	30	2
		Skin tags	8	0.05
		Moles	250	16.6
		Pigmentation of Skin	710	47.3

DISCUSSION:

The objective of the study is to outline the skin disorder present in the hilly area of Punjab. The results of the study showed that infection of the skin and subcutaneous tissue, eczema, dermatitis, skin disorder related with appendages were more common. Fungal infection and scabies were also most commonly affecting the community.

In children fungal infection and scabies were most common and it was due to humid climate and poor socio status of the patients. Hygiene and poor cleanliness is a major factor in enhancing the issue. Clean drinking water is hard to find in hilly area. These

skin diseases affect upon the quality of life. The government has scarce resource and due to scarcity of resources the health workers and medical officers at the community level should be trained enough they can diagnose and treat the most common skin disease present in the low socio-economic status community.

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