

Avaliação da frequência de dermatoses no serviço ambulatorial de dermatologia

Lauro Rodolpho Soares Lopes ¹ Ida Alzira Gomes Duarte 3

Débora Kundman²

Abstract: The objective was to evaluate the prevalence of skin diseases in patients seen at the Dermatology outpatients' clinic of the Santa Casa de São Paulo during the period from June to October 2005, comparing the results with a similar survey conducted at the same center in 1977. During the period of study, the electronic medical charts of 3011 patients seen in a first visits were analyzed. Keywords: Prevalence; Skin diseases; Statistics

Resumo: O objetivo do trabalho foi avaliar a prevalência das dermatoses dos pacientes atendidos no ambulatório de Dermatologia da Santa Casa de São Paulo, no período de junho a outubro de 2005, e comparar os resultados com levantamento semelhante realizado no mesmo serviço, no ano de 1977. Foram analisados os prontuários eletrônicos de 3.011 pacientes atendidos em primeira consulta.

Palavras-chave: Dermatopatias; Estatísticas; Prevalência

An up-to-date statistical analysis of the frequency of skin disorders in a specialized Dermatology clinic in Brazil is necessary, since the last work of this type was conducted in 1977.1 This investigation is important because it promotes the establishment of a more effective prevention policy, geared towards the most prevalent diseases.1

The objective of this work was to evaluate the prevalence of non-inflammatory skin disorders in patients seen at the Dermatology Outpatients Clinic of Santa Casa de Sao Paulo. The diagnoses of 3,011 electronic and manual medical charts of new patients seen from June 1st to October 31st of 2005 were analyzed.¹

Data from the statistical analysis performed in 1977 show that 3,005 new patients were seen at the clinic during that year. In the current study, 3,109 new cases were recorded in the period of five months, of which 3,011 were evaluated. Based on this comparison, we can infer that the demand for dermatologic services at the clinic has grown over the past years.

Women predominated in the study: 1,683 (56%), with an average age of 36 years.

In decreasing order, relative to the frequency of skin diseases, the following were diagnosed: cutaneous tumors were present in 672 (22.32%) patients; infectious dermatosis, in 652 (21.65%); eczemas, in 441 (14.65%); erythematous-scaly lesions, in 283 (9.40%); benign tumors and cysts, in 260 (8.64%); dyschromias, in 222 (7.37%), malignant tumors, in 178 (5.91%); folliculitis, in 153 (5.08%); mesenchymal tumors, in 132 (4.38%); trichosis, in 114 (3.79%); premalignant tumors, in 102 (3.39%); urticaria, in 48 (1.59%); lichen disorders, in 44 (1.46%); connective tissue diseases, in 41 (1.36%); pruritus, in 38 (1.26%);

Received on January 7th, 2008.

Approved by the Peer Review Board and accepted for publication on December 18th, 2008.

- Work conducted at the Dermatology Clinic of Irmandade da Santa Casa de Misericordia de Sao Paulo Sao Paulo (SP), Brazil. Conflict of interest: None / Conflito de interesse: Nenbum Financial funding: None / Suporte financeiro: Nenbum
- Third-year Resident Physician in Dermatology at Irmandade da Santa Casa de Sao Paulo (ISCMSP) Sao Paulo (SP), Brazil.
- Third-year Resident Physician in Dermatology at Irmandade da Santa Casa de Sao Paulo (ISCMSP) Sao Paulo (SP), Brazil. Professor of Dermatology, Ph.D, at Irmandade da Santa Casa de Misericordia de Sao Paulo (ISCMSP) Sao Paulo (SP), Brazil.

©2010 by The Brazilian Annals of Dermatology

pharmacodermias, in 35 (1.16%); onychocryptoses, in 35 (1.16%); granulomatosis, in 31 (1.03%); papular pruritic eruptions, in 24 (0.39%); papular nodular eruptions, in 20 (0.66%); ulcers, in 18 (0.6%); hydrosis, in 17 (0.56%); vesicular bullous dermatosis, in 17 (0.56%); blood vessel diseases, in 15 (0.5%); purpuric diseases, in 13 (0.43%); atrophic sclerotic lesions, in 8 (0.27%), followed by other skin diseases in 54 (1.78%) patients (Table 1).

Skin tumors were the primary cause of medical assistance in our study, with a total of 672 cases (22.32%). This contrasts with the results obtained in the 1977 study, in which eczemas predominated (40.35%). At that time, skin cancer represented the second most frequent disorder, totaling 14.65%. The authors of the 1977 study questioned the discrepancy between their results and the percentage of carcinoma cases in statistical analyses performed in the United States. The results obtained in this work are similar to those found in current statistical analyses in the US.

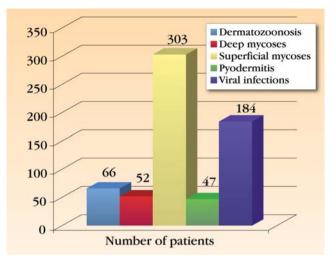
This can be explained by incentives for knowledge about skin cancer promoted by prevention campaigns about the issue in our country. ¹⁻⁵ Zooparasitic diseases are currently the ninth most prevalent disorder. In 1977 they were ranked second. This may be explained by basic sanitation improvements over the last 30 years and greater access to better hygiene and cleaning products. The same can be said of pyodermitis, a disease whose frequency went from the sixth to the twelfth position. ^{1,6,7}

Pityriasis versicolor was the main dermatosis among superficial mycoses¹, but tineas are currently more frequent due to an increase in the incidence of onychomycosis, with 114 diagnoses of the disease. Even with the high interest of the population in aesthetics, diagnoses related to this condition were not prevalent in our sample (Graph 1).

Regarding deep mycoses, three cases of chromomycosis and two cases of paracoccidioidomycosis were observed. Three new cases of leishmaniasis and

TABLE 1: Prevalence of skin diseases in patients seen at the Dermatology Clinic of Santa Casa de Sao Paulo-June to October 2005

	Number of patients	%	M	F	Average age
Infectious diseases	652	21,65%	343	309	31
Eczemas	441	14,65%	195	246	33
Erythematous-scaly lesions	283	9,40%	140	143	43
Benign tumors and cysts	260	8,64%	94	166	47
Dyschromias	222	7,37%	73	149	33
Malignant tumors	178	5,91%	76	102	64
Folliculitis	153	5,08%	71	82	35
Mesenchymal tumors	132	4,38%	46	86	40
Trichosis	114	3,79%	52	62	25
Pre-malignant tumors	102	3,39%	42	60	52
Urticaria	48	1,59%	17	31	38
Lichen diseases	44	1,46%	21	23	18
Connective tissue diseases	41	1,36%	7	34	37
Pruritus	38	1,26%	18	20	58
Pharmacodermias	35	1,16%	18	17	47
Onychocryptosis	35	1,16%	18	17	29
Granulomatosis	31	1,03%	13	18	40
Papular pruritic lesions	24	0,39%	10	14	39
Papular nodular erythematous lesions	20	0,66%	4	16	34
Ulcers	18	0,60%	11	7	65
Hydrosis	17	0,56%	7	10	24
Vesicular bullous dermatosis	17	0,56%	7	10	32
Blood vessel disorders	15	0,50%	3	12	39
Purpuric disorders	13	0,43%	3	10	56
Atrophic sclerotic lesions	8	0,27%	6	2	25
Pustulosis	4	0,13%	2	2	2
Hypodermitis	3	0,10%	0	3	19
Avitaminosis	2	0,07%	2	0	36
Other	5	1,78%	22	32	35



GRAPH 1: Number of diagnoses according to each group of dermatologic diseases

26 new cases of leprosy were diagnosed, showing that Brazil is still an endemic country for the disease.

The incidence of sexually transmitted dis-

eases, especially syphilis, has decreased significantly (5.40% then and 1.96% now; syphilis, 1.96% then and 0.53% now) due to instruction campaigns and the widespread adoption of prevention methods. ^{1,6}

It is relevant to mention that some diseases, absent in the 1977 investigation, have now been diagnosed, such as dyschromias and erythematous-scaly eruptions (Table 1).

There were few cases of acne in our study (3.62%) and in the 1977 analysis (2.89%), which goes against the expected prevalence for the population.¹

Regarding gender distribution, few skin diseases were more prevalent in women than in men: dyschromias (2:1) and vasculitis and purpuric lesions (3:1). A lower incidence of malignant tumors in women was confirmed (1.5:1). This fact may be a reflection of better skin care by women. ^{8, 9} (Table 1). \square

REFERENCES

- Zaitz C, Proença NG, Ferreira AM, Arns VL. Estatísticas do ambulatório de dermatologia da Santa Casa de São Paulo, 1977. An Bras Dermatol. 1979;54:311-24.
- 2. Inca.Gov [homepage]. Câncer de pele. Melanoma [Acesso: 02 Fev. 2007]. Disponível em: http://www.inca.gov.br
- 3. Gbm.org [homepage]. Atualização científica. [Acesso: 05 Mar. 2007]. Disponível em: http://www.gbm.org.br
- Sampaio SAP, Rivitti EA. Dermatologia. 3 ed. São Paulo: Artes Médicas; 2007.
- Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; 2007 [cited 2007 Mar 05]. Available from: http://www.cancer-pain.org/
- Ministério da Saúde. Guia de vigilância epidemiológica. Brasília: Ministério da Saúde; 2003.
- 7. Cucé LC, Neto CF. Manual de dermatologia. 2 ed. São Paulo: Atheneu; 2001. p.451-5.

- Sociedade Brasileira de Dermatologia. Perfil nosológico das consultas dermatológicas no Brasil. An Bras Dermatol. 2006;81:549-58.
- 9. Santos Júnior A, Andrade MGG, Zeferino AB, Monte Alegre S, Moraes AM, Velho PENF. Prevalência das dermatoses na rede básica de saúde de Campinas, São Paulo Brasil. An Bras Dermatol. 2007;82:419-24.

MAILING ADDRESS / ENDEREÇO PARA CORRESPONDÊNCIA: Lauro Rodolpho Soares Lopes Av. Marechal Castelo Branco 670 Apt.1600 Ilhotas 64001 810 Teresina, PI - Brazil Tel./fax: 86 94240202 86 32215631 86 3221 5631 E-mail: laurorsl@yahoo.com.br

How to cite this article/*Como citar este artigo*: Lopes LRS, Kundman D, Duarte IAG. Dermatosis frequency evaluation in the ambulatory attendance of Dermatology. An Bras Dermatol. 2010;85(2):264-6.