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Research Article

Seborrheic Dermatitis in Dermatological Consultation at the Gabriel Toure University Hospital: Study of 62 Cases

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Abstract

Seborrheic dermatitis (SD) is a chronic inflammatory dermatosis evolving by relapse-remission, having a predilection for areas rich in sebaceous glands. The prevalence of seborrheic dermatitis is estimated at about 3% and is higher in patients infected with the Human Immunodeficiency Virus (HIV). According a cross-sectional descriptive study conducted in Mali, DS can occur at any age. However, it mainly affects young adults, and characterized by white patchy scales or thick crusts attached mainly on the scalp . Given its polymorphic clinical presentation and its association with HIV in 24.19%, systematic HIV testing in the presence of suggestive signs of SD should be strongly encouraged.

Keywords: Seborrheic Dermatitis; HIV; Mali

Introduction

Seborrheic dermatitis (SD) is a chronic inflammatory dermatosis evolving by relapse-remission, having a predilection for areas rich in sebaceous glands [1]. Basically non-infiltrated erythematous plates surmounted by fatty and yellowish scales. The very evocative topography is characterized by lesions reaching seborrheic areas including the scalp with diffuse desquamation, on the nasogenian folds, the wings of the nose, eyebrows, eyelids, retroauricular region and the external auditory duct.

The role of *Malassezia* spp (formerly Pityrosporum) is preponderant in the pathogenesis of seborrheic dermatitis. The prevalence of seborrheic dermatitis is estimated to be about 3% and is higher in patients infected with Human Immunodeficiency Virus (HIV) where it can reach 40-80% [1-3]. Seborrheic dermatitis alters people quality life as its expression is mainly on exposed areas. Limit to updated epidemiological and clinical data was our key motivation to conduct the present study with the aim of describing socio-demographic profile and clinical features of patients with seborrheic dermatitis consulting in the mentioned facility.

Patients and Methods

Our study took place in the Dermatology Venereology department of the Gabriel Touré University Hospital Center (CHU), one of the reference health structures in Mali. This was a

cross-sectional study covering all cases of seborrheic dermatitis diagnosed in the service during the period from 1 January 2017 to 31 December 2018. Included:

- Patients seen in the dermatology department during the period of our study and in whom the diagnosis of seborrheic dermatitis was retained.
- Any patient with skin lesions; scaly and/or erythematous, pruritic or not, localized on the scalp, face, neck, trunk and limbs, regardless of age.

The variables studied were: sociodemographic variables (sex, age, occupation, place of residence, notion of inbred marriage), clinical variables (squamous lesions and/or erythematous, itchy or not, localized on the scalp, face, neck, trunk and membranes). The data were collected on a survey sheet. The processing and statistical analysis of the data were carried out using the EPI INFO 6.04 French version and the Inputs with the Microsoft Word software. The free and informed verbal consent of all our patients was obtained prior to their inclusion.

Results

At the end of our study, we identified 62 cases that met our case definition out of a total of 2619 patients consulted during the study period, a prevalence of 2.37% of consultations. The male sex accounted for 51.6% (32 cases) and the female sex 48.4% (30 cases).

The average age of patients was with extremes ranging from 14 days to 70 years. Patients residing in Bamako in 72.6% (45 cases). Clinically, Scales 76% (47 cases), erythema1 4.6% (9 cases), Crusts 4.8% (3 cases), Papules 3% (2 cases), Pustule 1.6% (1 case). 50% of patients had a symptom progression time of less than 3 months, 37.1% (23 cases) had a delay between 3-6 months and 8.1% (5 cases) had a duration of 9-12 months. The lesions were preferentially on the scalp 82.3% (51 cases), Face 11.3% (7 cases), Ears 4.8% (3 cases), the upper third of the back, 1.6% (1 case). There was association with oral candidiasis 33.3% (12 cases), Mycosis of the folds 11.1% (4 cases), Dermatophytosis 8.3% (3 cases), Keloid 5.6% (2 cases), Eczema 5.6% (2 cases). Of the 62 patients enrolled, 15 were positive to HIV or 24.19%.

Discussion

The limitations of the study

Thanks to the existence of the Dermatology Department within the Gabriel Touré University f or making this study possible. on the other hand, to the close collaboration between the various departments of the CHU and the verbal consent of the patients for the taking. However, we have identified some difficulties during the process related to inadequate information on the dermatology department within Gabriel Toure Teaching Hospital. Patients referred from other facilities were misdirected and sometimes got lost. Insufficient operational information of the department by the staff itself as most were medical students. Despite HIV pre counseling testing performed properly, some patients did not agree to get tested.

In our study, the prevalence of seborrheic dermatitis was 2.37%. This result matches with those of the studies carried out in the United States by Dupuy in 2004 and that of Ballanger F carried out in 2007 which find a prevalence of 2% [1,3]. The prevalence of DS observed in our patients might be explained by the immunomodulatory effect of the high UV exposures to which they are subjected. The average age was 21 years with extremes of 1 month and 70 years. This result is in accordance with the literature data highlighting that seborrheic dermatitis is more common in young adults. This result differs from that of FOLEY P conducted in Australia in 2003 as it found an average age of 3 years in 71%. The sex ratio 1.1 was in favor of men (51.6%). On one hand according to the literature, SD has sometimes been reported to be more common in males within adult population. On the other hand, without any race or confirmed sex differentiation[5]. Our result is comparable to that achieved by MISERY L., et al. in Brest /France between September 2003 and May 2004, with a male predominance (56%) [6]. Clinically, scaling was most observed, followed by erythema; this result is consistent with the literature that seborrheic dermatitis occurs clinically in the form of erythematous, patches covered with non-adherent squames [7].

In our study 24.19% of patients had positive HIV antibodies test. This rate is higher than the one found by Yedomon in Cotonou/ Benin Republic where 16% of patients were HIV positive in the seborrheic dermatitis cohort [8].

Sex	Frequency	Percentage (%)
Male	32	51,6
Female	30	48,4
Total	62	100

Table 1: Distribution of patients by sex.

Male predominated with 32 cases; or 51.6%.

Appearance of lesions	Frequency	Percentage (%)
squames	47	76
Erythema	9	14,6
Crust	3	4,8
Papules	2	3
Pustule	1	1,6
Total	62	100

Table 2: Distribution of patients by appearance of lesions.

Papules predominated in 76% of cases.

HIV serotype	Frequency	Percentage (%)
HIV 1 positive	14	93
HIV 2 positive	1	7
Total patients	15	100

Table 3: Distribution by HIV serotype.

HIV1 sero type was found in 14 patients, or 93%; (women).

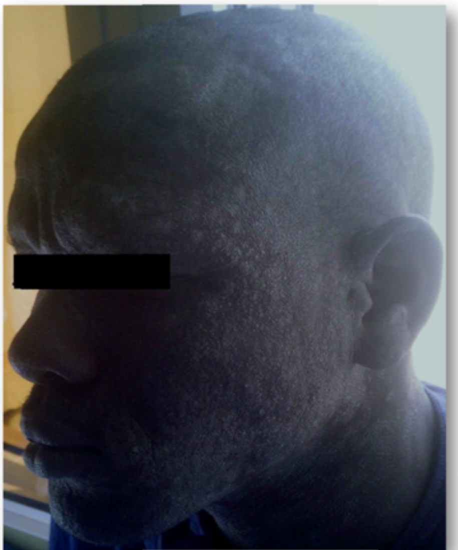

Figure 1: Erythematomasquamous esion of the face evoking seborrheic dermatitis.

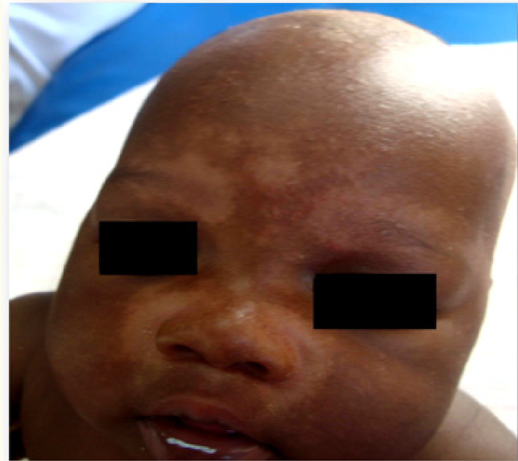

Figure 2: Seborrheic dermatitis on an infant's face.

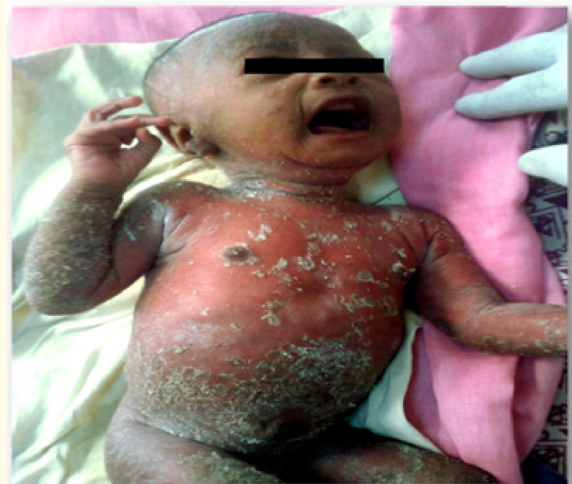

Figure 3: Seborrheic dermatitis erythroderma or Leiner-Moussous disease.

Seborrheic dermatitis was the first dermatosis associated with HIV according to a study carried out by Mahé A and collaborators at Ex-Marchoux Institute, the only one specialized in dermatology in Mali [9].

Conclusion

Seborrheic dermatitis of complex pathophysiological mechanism, remains a dermatosis commonly encountered in different health facilities in sub-Saharan Africa, especially in Mali. Its prevalence is estimated to be increasing due to the high incidence

of HIV infection in our various countries. The polymorphic clinical presentation and variable topography revealed in our study are arguments that should motivate the realization of a more advanced and large-scale research. Moreover, evolution can be unfavorable under treatment, not necessarily meaning a therapeutic ineffectiveness: DS remains a recurrent dermatitis.

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