

Epidemiological and Clinical Profile of the Dermatological Consultation in the Refugees Camp of Zaatari (Jordan)

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Abstract

Refugee camps provide a favorable climate for dermatological pathology, favored by promiscuity, lack of hygiene, precariousness, malnutrition, stress and adverse weather conditions. We present a retrospective study, mono-centric, spread over a period of three months, from 14/11/2014 to 14/02/2015, in the first Moroccan medical-surgical field hospital, located in Zaatari in Jordan, for the benefit of Syrian refugees. The purpose of our work is to study the socio-demographic characteristics of the consultants as well as the peculiarities of the dermatoses that live in this field.

Keywords: Dermatology; Epidemiology; Refugee camp; Moroccan Hospital; Zaatari/Jordan

Introduction

The refugee camps constitute a favorable climate where the dermatological pathology prevails, favoured by promiscuity, the lack of hygiene, precariousness, malnutrition, the stress and the unfavourable weather conditions.

Goals of Work

The objective of our work is to study the sociodemographic characteristics of the consultants as well as the characteristics of the dermatoses which occur on this ground.

Materials and Methods

Retrospective, mono centric study, spreading out of a duration of three months duration, from 11/14/2014 to 2/14/2015, the 1st Moroccan medico-surgical hospital of countryside, established in Zaatari in Jordan, the profited by Syrian refugees.

Results

The dermatological consultation came in third position from the consultations specialized by 2736 consultations, that is to say an average of 912 monthly consultations, 228 weekly consultations and 38 daily consultations. Also 65 interventions were carried out with an average of 5 interventions per week. We observed a discreet female predominance, with a frequency of 52% the sex ratio was of 1.08 in favour of the female. Our patients aged varied between 17 days to 100 years with a clear predominance for the age groups of 10-19 years (27.16%) and 0-9 years (23.06%). The infectious dermatoses represented half of dermatological pathology (49.65%), followed by the immune-allergic dermatoses (20.83%) and tumoral pathology (5.04%), whereas, the other dermatoses (24.48%) were dominated by inflammatory pathology, the pathology of the cold, the burns and the mutilations of war. Noting that 5.30% of the patients presented more

than one dermatosis, 4.27% of the dermatoses were superinfected and 2.21% of the patients presented STIs.

The dermatoses of mycosic etiology came at the top of the infectious dermatoses (34%) and were dominated by the dermatophytoses (78.05%): glabrous skin (30%), tineas of the scalp (25%), folds (23%), followed by the variegated pityriasis (16.29%) and candidiasis (5.65%). The parasitic dermatoses were placed in 2nd positions of the infectious dermatoses (27%) and were dominated by the ectoparasitosis (97%) of which the scabies (54%) and the pediculoses (42%), the cases of leishmaniasis accounted for only 3%.

The bacterial infections came in 3rd position from the infectious dermatoses (22%) of which those with *Staphylococcus* (furuncles and folliculites) (44.75%) followed by those to *Streptococcus* (impetigos and erysipelas) (32.72%) and pyodermites and abscesses of the soft parts (22.53%). The viral dermatoses occupied the last position (17%), and were dominated by the warts (40.18%), followed by chicken pox (30.36%) whereas the shingles and the venereal condylomas cases were rare (6.70%) and (4.01%), in the same way didn't note that only one case of molluscum contagiosum is 0.45%.

The STIs were rare remarkably (2.21%) with a third party of genital ulcerations, a third party of the urethral flows and a third party of the venereal condylomas. 4.27% of the dermatoses were superinfected, with as chief of wire eczemas (46.15%), were followed by the mycoses (17.95%) and the scabies (17.09%). The immune-allergic dermatoses were marked by the frequency of eczemas (38.60%), urticarias (21.58%) and the maculo-papulous rashes (11.40%). Tumoral pathology was dominated by the épidermoides cysts (25.75%), followed by the lipomas (15.15%) and the molluscums pendulums (15.90%), followed by the keloids (12.88%), the hidradenomists (12.88%), the magnifying glasses (11.36%) and the botriomycomas (6.82%).

The other dermatoses were dominated by inflammatory pathology: acne (18.74%), psoriasis (14.77%), the pathology of the cold: cutaneous xerosis (10.62%), pruritus (11.26%), plantar keratosis (6.74%), frostbites and acrosyndromas (4.34%) and burns and mutilations of war (10.70%).

Discussion

The dermatological consultation comes in third position from the consultations specialized, after the pediatric consultation and ORL [1]. This is with the fact that the majority of the consultant with the 1st HMMCC are children, in more the wintry time during which our study proceeded explains the frequency of the infections of the upper airway from where the request on consultation ORL. We almost noted in our study an equality of the sex, this called in question the old idea that the camps of the refugees are mainly female, and can be explained by the fact that the majority of the inhabitants of the camps are children which we noticed an equality of the sex between the boys and the girls [2].

The high frequency of the dermatoses in the children could be explained on the one hand by their frequency relatively high in the camp and on the other hand by cutaneous immaturity and the lack of hygiene frequently met in medium of refugees. The infectious dermatoses account for 5% to 10% of the dermatoses, however in our population. The cutaneous infections largely dominate dermatological pathology [3]. This could be explained by the precarious conditions of hygiene, the unfavorable promiscuity, malnutrition and climatic conditions. The infections mycosic and parasitic come at the top of the infectious dermatoses to the detriment of the infections bacterial and viral what is contradictory with the data of the literature and which is explained by the frequency and the very contagious character of the mycoses and the éctoparasitoses [4]. The number of STIs was remarkably low; this could be explained by the preserving character of the population and the early marriage (14 years for the girls and 18 years for the boys).

The frequency of the immuno-allergic and inflammatory dermatoses is in particular observed in the female adults what joined the data of the literature [4,5]. The relatively high frequency at our population can be explained by the hard climatic conditions (cold and dryness, snow), the unhealthy installations (tents, caravans and others

of fortune) and the permanent stress. Tumoral pathology is characterized by its mildness, we noted only one ulcerated tumour of the lip at in the elderly, and this can be explained by the relatively young age of the population, by phototype III-IV of the majority of the refugees and by the vestimentary practices of the population ensuring a natural photo protection. The other dermatoses were dominated by the pathology of the cold (frostbites, acrosyndromes), burns and mutilations of war with marked aesthetic damages [6].

Conclusion

The refugee camp is a favorable climate where all the factors are joined together, for supporting the emergence of dermatological pathology. Promiscuity, malnutrition and precarious hygiene support the infectious dermatoses. The cold and the unfavorable weather conditions optimize the immuno-allergic dermatoses, the frostbites and the acrosyndromas. The stress reveals the inflammatory and psychosomatic dermatoses. The unhealthy war and installations support the burns and the mutilations of war.

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