

## Human Dermatoses in Maiduguri, Nigeria: A Review of Case Records Diagnosed at the Molai Hospital and Leprosy Centre (MHLC), Maiduguri

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### ABSTRACT

Records on the prevalence of skin diseases treated at the Molai Hospital and Leprosy Centre (MHLC) were analyzed for a period of four (4) years between January and December, 2000-2004. Of a total of fifty seven thousand, three hundred and two (57,302) cases treated for skin diseases, non specific cases had 13,266 (23.2%), while specific cases had 44,036 (76.8%) ( $p < 0.05$ ) i.e. parasitic skin conditions had a prevalence of 12,743 (22.2%), then fungi with 11,193 (19.5%); bacteria 10,835 (18.9%), and viral 9,265 (16.2%) respectively ( $p > 0.05$ ). The significance of these findings is discussed within.

**Keywords:** Skin Disease, Aetiology, Poor Hygiene, Socio-Economic Stress.

### INTRODUCTION

Human skin diseases or dermatoses have been reported among populations with poor hygiene, poor education, and socio-economic crisis. War and social promiscuity are also important factors; while certain skin diseases have a characteristic geographical distribution with scabies more frequent in the northern part of Nigeria which has a higher temperature than in the southern part while tungiasis and pediculosis occur worldwide

especially in developing countries (Furman and Catts, 1970), mostly in children of school age as a result of close personal contact, who may quietly transfer infections to parents or other family members (Murray 1995).

This study was conducted retrospectively to assess the prevalence of human skin diseases in Maiduguri providing a baseline data for preventive and control measures.

## MATERIALS AND METHODS

Maiduguri is the capital of Borno State, Nigeria and is located at latitude 11.50N and longitude 30.05<sup>0</sup>E, with an altitude of 354m above sea level, and lies within the semi arid zone. Case records of human skin diseases diagnosed at the Molai Hospital and Leprosy Centre (MHLC), Maiduguri between 2000 and 2004 were analyzed with a view to determine their prevalence of occurrence.

Data collected were analyzed using "t" test statistics with "P" values

equal to or less than 0.05 regarded as significant (Comppell, 1986).

## RESULTS

The results of this study as shown in Table 1 indicate that skin diseases with specific aetiology occurred more in prevalence 44,036 (76.8%) than those of non specific aetiology 13,266 (23.2%) ( $p < 0.05$ ). Those with specific aetiology were parasitic, fungal, bacterial and viral causes with prevalence rates of 12,743 (22.2%), 11,193 (19.5%), 10,835 (18.9%) and 9,265 (16.2%) respectively.

**Table 1: Prevalence of Human Skin Diseases Based on Aetiology**

Skin Diseases	Number (%) Isolated N = 57,302
Non Specific:	13,266(23.3)
Specific:	44,036(76.8)
Parasitic	12,743 (22.2)
Fungal	11,193(19.5)
Bacterial	10,835(18.9)
Viral	9,265(16.2)

## DISCUSSION

This study on human skin diseases in Maiduguri revealed that they are as a result of both specific (most common) and non-specific aetiology, which could be attributed to the report that high temperatures of the north favours development of skin diseases which affects all ages and races and is more frequent among populations with poor hygiene and socio-economic stress, and their

spread determined by their aetiology (Murray, 1995).

## REFERENCE

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