Impetigo in Iraqi Patients

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Abstract: The goal was to compare the data obtained from the study with other studies. A total of one hundred fifty patients were seen randomly at Al-Hussein Teaching Hospital, Department of Dermatology in Thi-Qar city during the period from Nov 2016 to Oct 2017. A full history from all patients was obtained including name, age, sex, duration of the illness, socioeconomic status and the presence of constitutional symptoms.

RESULTS: A hundred and fifty patients were analyzed. The Non-bullous impetigo form found to be the commonest variants encountered in this study, (144) patients making (96%) of the total affecting chiefly patients aged (6) months to (48) years, followed by bullous impetigo(6) patients constituting (4%) affecting chiefly patients aged (6) months to (2) years. Regarding non-bullous impetigo, the study showed that (77) patients constituting (53.5%) of the cases were male and (67) patients constituting (46.5%) were female, their age ranged from (6) months to (48) year with a mean age of (6.7) year. The periorificial sites were involved in (50%) while the non-periorificial sites in (38.2%) and both sites involved in (11.8%) of cases. The peak age incidence was in the first half of the first decade of the life which contribute to (54.2%) of the total. Discussion: Impetigo is a one of the common skin problems the greatest burden of impetigo is in children, with steady decreases in prevalence with increasing age. This study showed that the peak age of non-bullous impetigo occurs during the first half of first decade of life. It is well-known that non-bullous impetigo is the commonest type of impetigo. Male children are slightly more affected than female. studies which showed that nonbullous impetigo was the most common form of impetigo and that Staph. aureus was the main bacteria that causes nonbnullousimpetigo, no patient has poststreptococcal glomerulonephritis complication.

Keywords: Impetigo, Eczema, Herpetic Lesions, Staphylococcus epidermidis, Propionibacterium acne and Corynebacterium species

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1. Introduction

Impetigo is a common bacterial skin illness that mainly affects children. With a high incidence in children up to four years old [1]. The microflora of skin consists generally of Staphylococcus epidermidis, Propionibacterium acne and Corynebacterium species, the overgrowth of these bacteria causes skin diseases, in other word, bacteria that are normally found on the skin can colonize it and cause diseases. [2] the defense mechanisms, play an important role in resisting the infection such as the skin acidic pH, integrity of the skin texture, presence of sebaceous secretions, and good nutritional status. [3] Impetigo can occur as a primary disease or secondary to pre-existing skin disorder, such as eczema, herpetic lesions, other previous skin lesions [4]. Impetigo has two presentations firstly: bullous form represents about 30% of cases and non-bullous form which represent about 70% of cases. [5] The bacteria of main presentation is Staphylococcus aureus (Staphylococcus epidermidis). has become the main bacteriological involved in the majority of cases, either alone or with other Streptococcus pyogenes [6,7,8]

2. Patient and Methods

A total of one hundred fifty patients were seen randomly at Al-Hussein Teaching Hospital, Department of Dermatology in Thi-Qar city during the period from Nov 2016 to Oct 2017. A full history from all patients was obtained including name, age, sex, duration of the illness, socioeconomic status and the presence of constitutional symptoms.

Physical examination then was performed to assess each patient including the nature of the lesions, their sites, their numbers and the presence of systemic and dermatological disease. The nails of each patient were examined whether they are short, long, clean or dirty. at the main lab attached to Al-Hussain teaching hospital, Swab was
taken from the lesions for culture and sensitivity. Treatment was given to the patients either topical systemic or both according to the number of the lesions, general condition of the patients and presence or absence of constitutional symptoms. Patients were followed up at 2-3 weeks interval and checked for the possibility of post-streptococcal glomerulonephritis by doing general urine examination.

3. Results

A hundred and fifty patients were analyzed, the age range from (6) months to (48) year with a mean age of (6.5) year. The Non-bullous impetigoform found to be the commonest variants encountered in this study, (144) patients making (96%) of the total affecting chiefly patients aged (6) months to (48) years, followed by bullous impetigo (6) patients constituting (4%) affecting chiefly patients aged (6) months to (2) years.

Regarding non-bullous impetigo, the study showed that (77) patients constituting (53.5%) of the cases were male and (67) patients constituting (46.5%) were female, their age ranged from (6) months to (48) year with a mean age of (6.7) year. The periorificial sites were involved in (50%) while the non-periorificial sites in (38.2%) and both sites involved in (11.8%) of cases. The peak age incidence was in the first half of the first decade of the life which contribute to (54.2%) of the total.

Bullous impetigo was found in (6) patients constituting (4%), 4 patients (66.7%) were male and 2 patients (33.3%) were female, their age ranged from (6) months to (2) years. The peak age incidence was in the first six months of the life. The periorificial sites were involved in (50%), non-periorificial sites in (33.3%) and both sites in (16.7%). Regarding non-bullous impetigo, (45.8%) had constitutional symptoms with regional lymphadenitis, 64(44.4%) had dermatological diseases, (58.3%) had long nails, (41.7%) had short nails, (11.8%) had clean nails and (88.2%) had dirty nails. Culture and sensitivity were performed revealed both streptococcus pyogenus and staphylococcus aureus were approximately equal as a causative microorganism in impetigo, in (11%) of the cases streptococcus pyogenus had been isolated, in (12%) staph aureus and (10%) both microorganisms. In general, the lesions of impetigo were multiple in 123(82%) of cases, 27(18%) single lesions. Impetigo is skin disease of people with low socioeconomic class (74%), (22%) middle and (4%) high socioeconomic class. General urine examination shows negative value in all patient.

Figure 1. Non-bullous impetigo on the neck of 9 months old infant

Figure 2. Non-bullous impetigo involving the periorificial sites of a 5 year old child
4. Discussion and conclusion

Impetigo is one of the common skin problems encountered in dermatological practice. Our study confirms that the greatest burden of impetigo is in children, with steady decreases in prevalence with increasing age, which agree with other study [9,10]. This study showed that the peak age of non-bullous impetigo occurs during the first half of first decade of life. It is well-known that non-bullous impetigo is the commonest type of impetigo and their site of predilection is mostly periorificial. Male children are slightly more affected than female [9,10]. Our results were in agreement with those obtained from other studies which showed that nonbullous impetigo was the most common form of impetigo and that Staph. aureus was the main bacteria that causes nonbullous impetigo [8,11,12] that are similar to other study. Similar patterns of these results were observed in different studies conducted in Iraq and worldwide. Acute poststreptococcal glomerulonephritis is a serious complication that affects between 1 and 5 percent of patients with nonbullousimpetigo [14,15] in our study no patient has poststreptococcal glomerulonephritis complication. The study show significant association of dirty nails with the disease keeping the patient's nails short to reduce scratching Good hygiene is the best way to reduce the risk of developing or spreading impetigo [13]. Our study confirms that the greatest of impetigo is in people with low socioeconomic class is higher than other classes, (middle and high socioeconomic class) which is similar to other study [13,14,16] where The incidence of the infection is greatest occurs in areas with poor hygiene and in crowded living conditions.

References