

Clinical Profile of Children with Atopic Dermatitis in Basrah, Iraq

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ABSTRACT

Atopic dermatitis is one of the commonest chronic inflammatory skin diseases. There are variable diagnostic criteria that have been developed to make the diagnosis accurate and thus, appropriate management would be established. Hanifin and Rajka diagnostic criteria was one of the most commonly used diagnostic tools. In this study, the researchers aimed to explore the clinical profile and the distribution of these criteria among children with atopic dermatitis in comparison with a control group. The study was conducted in the outpatient clinic of a Alfayhaa Teaching hospital in Basrah, Iraq during the period from December, 2020 to March, 2021. The study found that maternal education, positive family history of atopy and being an overweight or obese child were associated with atopic dermatitis. The study also revealed that xerosis, early age of onset, facial erythema or pallor, previous hand or foot dermatitis, and elevated serum Immunoglobulin E level were the most common minor diagnostic criteria. Further studies to compare Hanifin and Rajka diagnostic criteria with other sets of criteria is recommended.



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1. INTRODUCTION

Atopic dermatitis (AD) is a chronic, relapsing pruritic inflammatory skin disease characterized by exacerbations and remissions. It is considered as one of the most prevalent skin diseases. It is frequently associated with a personal or a family history of atopy [1]. The Global Burden of Disease Project has shown that, dermatological diseases are the fourth leading-cause of nonfatal illness burden worldwide, of them dermatitis is the most important one [2]. The diagnosis of AD is basically clinical diagnosis, by history and examination of the lesion in respect to the distribution, morphological characteristics and associated clinical features [3]. There are numerous diagnostic tools for AD. Itching is the main feature in all diagnostic criteria, including Hanifin and Rajka diagnostic criteria (HRC) [4]. The Hanifin and Rajka diagnostic criteria have a sensitivity of 96.0% and specificity of 93.8%. The diagnosis is made when an individual have 3 out of four major criteria and three out of 22 minor criteria [5].

The aim of this study was to study the frequency and distribution of HRC among patients with AD.