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## ORIGINAL ARTICLE

# Comparative Epidemiologic Study of Skin Diseases in Foreign Children and Children of Spanish Origin in Alicante, Spain<sup>☆</sup>



M. Pérez-Crespo,<sup>a,b,\*</sup> J.M. Ramos-Rincón,<sup>c,d</sup> M.P. Albares-Tendero,<sup>a</sup> I. Betlloch-Mas<sup>a,d</sup>

<sup>a</sup> Servicio de Dermatología, Hospital General Universitario de Alicante, Alicante, Spain

<sup>b</sup> Unidad de Dermatología, Hospital Marina Baixa, Villajoyosa, Alicante, Spain

<sup>c</sup> Servicio de Medicina Interna, Hospital General Universitario de Alicante, Alicante, Spain

<sup>d</sup> Departamento de Medicina Clínica, Facultad de Medicina, Universidad Miguel Hernández, Campus de San Juan, Alicante, Spain

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### KEYWORDS

Skin diseases;  
Pediatrics;  
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Immigration;  
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### Abstract

**Introduction:** Previous studies in Spain have shown that the foreign and immigrant populations can have different diseases to Spanish-born individuals. However, no comparative study has specifically investigated foreign children in Spain.

**Material and methods:** The objective of the study was to compare skin diseases in foreign children with those in children born in Spain of Spanish parents. We included all patients under 15 years of age who were seen in our dermatology department between January 2007 and December 2007.

**Results:** During the study period, 3108 pediatric patients were seen in the dermatology department. Of these, 2661 (85.6%) were Spanish and 447 (14.3%) were foreigners. Foreign children sought medical care more often (11.4%) than Spanish children (6%) ( $P < .001$ ) and made less use of the specialist outpatient clinic (59.6% vs 68.8% [ $P < .001$ ]) and more use of emergency care. Complaints observed more frequently in the foreign children were scabies (adjusted odds ratio [aOR], 10.6; 95% CI, 4.71-24.10), arthropod bites (aOR, 2.80; 95% CI, 1.14-6.87), hypopigmentation (aOR, 2.61; 95% CI, 1.06-6.44), and atopic dermatitis (aOR, 1.65; 95% CI, 1.19-2.31). Melanocytic nevus was observed more frequently in Spanish children (aOR, .50; 95% CI, .30-.83).

**Conclusions:** Differences between children born in Spain of Spanish parents and foreign children were found for type of visit and frequency of skin diseases.

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\* Corresponding author.

E-mail address: [mariaperezcespo@hotmail.com](mailto:mariaperezcespo@hotmail.com) (M. Pérez-Crespo).

**PALABRAS CLAVE**

Dermatosis;  
Pediatria;  
Población infantil;  
Inmigración;  
Dermatitis atópica

## Estudio comparativo epidemiológico de la enfermedad cutánea en población infantil inmigrante y autóctona en Alicante

### Resumen

**Introducción:** En estudios anteriores realizados en nuestro país se ha constatado que la población extranjera e inmigrante puede tener enfermedades diferentes a la población autóctona. Sin embargo, no existe ningún estudio diseñado sobre población infantil inmigrante en España.

**Material y métodos:** El objetivo de este estudio fue el de analizar las dermatosis de la población inmigrante infantil y compararlas con la población autóctona. Se incluyó a todos los pacientes menores de 15 años que fueron atendidos en la sección de dermatología entre enero de 2007 y diciembre de 2007.

**Resultados:** Durante el periodo de estudio se registraron 3.108 episodios de consulta en población pediátrica, de ellos 2.661 (85,6%) correspondieron a población autóctona y 447 (14,3%) a población inmigrante. La población infantil inmigrante acudió a la consulta (11,4%) más que la población autóctona (6%) ( $p < 0,001$ ), consultando menos en la consulta ambulatoria especializada (59,6 vs 68,8%) ( $p < 0,001$ ) y más por urgencias. La escabiosis (ORa: 10,6; IC 95%: 4,71-24,10), las picaduras de artrópodos (ORa: 2,80; IC 95%: 1,14-6,87), la hipopigmentación (ORa: 2,61; IC 95%: 1,06-6,44) y la dermatitis atópica (ORa: 1,65; IC 95%: 1,19-2,31) fueron más frecuentes en la población inmigrante. El nevus melanocítico fue más frecuente en la población autóctona (ORa: 0,50; IC 95%: 0,30-0,83).

**Conclusiones:** Existen diferencias tanto en la forma de consultar como en la frecuencia de las dermatosis presentadas en la población infantil autóctona e inmigrante.

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## Introduction

Immigration is a dynamic and inevitable process. Since 1999, the foreign population has increased exponentially in size. Between 1998 and 2012, the number of foreigners registered as residents in Spain increased more than 6-fold from 637 058 to 5.7 million.<sup>1</sup>

Although the recent economic crisis has forced many foreigners to leave Spain, the foreign population still accounts for 12% of the census population (as of January 2012).<sup>1</sup> Children account for 14.5% of registered foreigners, that is, a proportion similar to the population of Spanish origin (15%), although this figure does not include children of foreigners settled in Spain, for whom no census data are available.

The new sociodemographic realities in our country demand an analysis of the needs and priorities at all levels of care.<sup>2</sup> The foreign pediatric population may have a different prevalence of certain diseases compared to the Spanish population,<sup>3,4</sup> as demonstrated in Spanish<sup>5,6</sup> and international studies.<sup>7,8</sup> Likewise, several Spanish studies have investigated the demand generated in dermatology clinics by foreign patients.<sup>9-11</sup> However, there are no studies on skin diseases in the foreign pediatric population in Spain. We therefore thought it of interest to assess the skin diseases present in the foreign pediatric population and compare them with the Spanish population.

The objective of the study was to analyze skin diseases in foreign children and compare them with those in Spanish children and to evaluate certain socioepidemiologic variables and the frequency of visits to the different care settings within the department.

## Patients and Methods

In this prospective, descriptive, and analytical study, patients had to be under 15 years of age and attended by a dermatologist between January and December 2007.

The study covered the care activity in the dermatology department of the Nineteenth Health District of the Valencian Community and included all outpatient and hospital clinics, as well as surgery appointments and walk-in visits.

Patients were divided into 4 categories: 1) Spanish patients (born in Spain of Spanish parents); 2) children of foreigners (born in Spain of at least one parent born outside Spain); 3) foreign children (born outside Spain); and 4) adopted children. Patients in the latter 3 categories were considered foreign patients for the purposes of this study.

## Variables

Data were collected using a case report form filled out by the physician (attending and resident physicians). The outcome variable was the dermatologic diagnosis or skin disease, classified according to the International Classification of Diseases (ICD) version 9, adapted to dermatology.<sup>12</sup>

Skin diseases were grouped into 8 diagnostic categories: infectious diseases, erythematous-desquamative lesions, melanocytic lesions, tumors, skin appendage diseases, pigmentation abnormalities, lesions of exogenous origin, and others (including genodermatosis, malformations, other inflammatory conditions, neonatal conditions, and connective tissue disorders).

Independent variables were collected at all visits. These variables included 3 types: 1) epidemiologic variables (age, sex, skin type [white, black, native American, Asian Indian,

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