

FREQUENCY OF REFERRALS IN DERMATOLOGY AT THE TEACHING HOSPITAL GABRIEL TOURE FROM JANUARY 1ST TO DECEMBER 31ST 2016

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Abstract

The reference is the transfer from one health facility to another of a case of illness, which for one reason or another is unsatisfactory. These reasons can be medical; social and economic. References are becoming more and more common in a dermatological hospital because of the emergence of certain dermatoses. Objective of our work was to study the frequency of dermatological references at Gabriel Touré Teaching Hospital, Describing the socio-demographic and clinical profile of referred patients. This was a descriptive cross-sectional study of the data of patients referred to dermatology from Gabriel Touré University Hospital during the period from January 1st to December 31st, 2016. At the end of our study, we collected 226 reference cases, ie 13.6% of the patients consulted. Female sex accounted for 57.5% and male sex for 42.5% of cases. The age group of 1 to 5 years accounted for 17.7%, the age group 36-40 10.6%, the age group of over 51 accounted for 12.8% and 1 year accounted for 9.3%. The majority of our patients were referred by the various departments of Teaching hospital Gabriel Toure (56.4%) (Pediatrics 23.1%, gastroenterology 19.6% and medical department 13.4%). Infectious dermatosis accounted for 53.1% of the reference (Bacterial 17.7%, fungal 18.1%, 13.3%). Tumor dermatosis accounted for 4%, genodermatosis 3.1%, autoimmune dermatosis 1.3% of cases. The mismatch between the reference pattern and the selected diagnosis was observed in more than 70% of cases. The present study shows that dermatosis are a frequent reference for general and specialized medicine, hence the need to create dermatological services at the peripheral level.

Keywords:

Frequency, reference, Dermatology, Teaching hospital Gabriel Toure

Introduction

The reference is the transfer of a health facility to another case, which for one reason or another, is not satisfactory [1]. These reasons are of a medical nature; social, economic; organizational. In Mali, the G-point, Kati, national odontostomatology and Gabriel Touré hospitals are recognized by the national authority as national referral hospitals providing a public service, in other words they must respond in to the needs of all patients referred by peripheral health facilities [2]. The organization of the national health system follows a pyramidal scheme based on the peripheral structures that constitute the first link in the health system and at the top of the national reference structures. Between the two levels there are several stages corresponding to the intermediate structures [2]. There is perfect collaboration between the different levels of the pyramid, in order to bring the health structures closer to the populations.

In tropical and developing countries 90% of skin patients are cared for by medical auxiliaries who do not have enough training in dermatology [3].

The health pyramid is used to refer patients whose health problem requires a competence beyond that of staff at the primary level. It aims to create a real contact between the different levels in terms of training and management [4]. For example, we can cite decentralization by pathology, if we refer to the various programs: AIDS, Leprosy, Tuberculosis, etc. [1, 5]. The situation in Africa is such that half of the countries do not have dermatologists and have less than 150 specialists to cover the medical needs of the Sahelo-Saharan countries. Many dermatoses require care in specialized dermatology and others require multidisciplinary care hence the interest of this study to emphasize the importance of the dermatological reference in the interest of the patient.

Materials and Methods

2.1. Study Framework

This study was conducted in the Department of Dermatology and Venetology of Teaching hospital Gabriel Toure. It is located in the center of Bamako in Darr-Salam neighborhood near Military Camp. It is one of the largest hospitals in Mali. It is a reference structure for the treatment of dermatological conditions in the country.

2.2. Type of Study Our Study

This is a cross-sectional retrospective study from January 1st to December 31st 2016 on the descriptive analysis of the records of cases of references during the period from January 1 to December 30, 2016 is 12 months.

2.3. Study Period

Our study was carried out from 1st January 2016 to 30st December 2016, ie12 years.

2.4. Ethical Consideration

The free and informed consent of all our patients was obtained before their inclusion and approval of the study protocol was obtained from institutional 'Ethic Committee' at National Support Center for Disease Control.

2.5. Sample Collection and Processing

During our study period, Excluded from this study were the visitors, the carers of the patients who did not want to answer the questionnaire for various reasons. The following variables were analyzed in the study population: Sociodemographic data, clinical aspects, diagnostic comparison.

2.6. Statistical Analysis

The data was collected on a survey sheet. The processing and the statistical analysis of the data were carried out using the software SPSS 18.0 French version and the Seizures with the software Microsoft Word.

Results

At the end of our study, we collected 226 referral cases out of a total of 1656 patients consulted in the service. Female gender represented 57.5%, male 42.5%. The average age was 47.5 years with extreme ages ranging from 0 to 70 years old. The age group of less than one year accounted for 9.3%, the 1-5 year age group 17.7%, the 6-10 percentage point 7.5%, the 11-15 age group 4.9 %, the age group of 16-20 years 5.8%, the age group of 21-25 years 6.6%, the age group of 26-30 years 8%, the age group ages 31-35 5.8, age group 36-40 years 10.6%, age group 41-45 years 8.8%, age range 46-50 years 2 , 6%, the age group over 51 years 12.8%. The profession of our patients varied: Housewife accounted for 22.3%, Schoolchildren 13.3%, Cultivators 7.3%, Workers 10.6%, Traders 12.4%, Officials 4% and Without Employment (children) 30,1%. Our patients came from the District of Bamako 62.8%, Kayes 4% of cases, Koulikoro 20% of cases, Sikasso 4.4% of cases, Segou 2.2% of cases, Mopti 1.8% of cases, Timbuktu and Gao respectively 0.9% of cases.

Table 1: Distribution of Cases by Age and Gender

Gender	Effective	%
Female	131	58
Male	95	42
Age groups	Effective	%
<1 year	21	9,3
1-5 years	40	17,7
6-10 years	17	7,5
11-15 years	11	4,9
16-20ans	13	5,8
21-25ans	15	6,6
26-30ans	18	8
31-35ans	13	5,8
36-40ans	24	10,6
41-45ans	19	8,4
46-50ans	6	2,6
51 yearsold and over	29	12,8
Total	226	100

Female gender constituted 57.5% of patients with a sex ratio of 0.73. The age range of 1 to 5 years was 17.7% for extremes of 0 to 70 years.

Singles accounted for 77.2%, married couples 13.2%, widows 6.6% and Divorced 3%. The different services of Gabriel Touré referred 56.4% of the cases and the other health structures (CHU Point G, IOTA, CSREF CI and II, Asacoyir, Boniaba, Clinic of the Esperience and Dispensary of the Assemblies of God, Central Infirmary of the National Guard) referred 43.6%. Clinically, infectious dermatosis accounted for 53.1% of the reference and they consisted of bacterial dermatosis in 17.7%, fungal 18.1% of cases and viral 13.3% of cases. Tumor dermatosis accounted for 4%, genodermatosis 3.1% of cases. Tumor dermatosis accounted for 4%. Autoimmune dermatosis were observed in 1.3% of cases. The mismatch between the reference pattern and the selected diagnosis was observed in 70% of cases.

Table 2: Case Distribution by Type of Dermatitis

Type of dermatosis	Effectif	Pourcentage
infectious	120	53,1
Hypersensitivity states	70	31
tumor	9	4

Autoimmune	3	1,3
Genodermatoses	7	3,1
nutritional	2	0,9
cosmetics	3	1,3
Total	226	100

Infectious dermatosis constituted 53.1% of the grounds for consultation

Table III: Distribution of Bacterial and Viral Dermatitis

Bacterial dermatosis	Effective	%
pyoderma	20	62,5
Erysipelas	5	15,6
Meadow	2	6,3
Cutaneous tuberculosis	2	6,3
furunculosis	2	6,3
Necrotizing cellulitis	1	3
Total	32	100
Viral dermatosis	Effective	%
Wart	9	30
Chickenpox	7	23,3
Molluscum Contagiosum	5	16,7
condyloma	4	13,3
Disease of Kaposi	2	6,7
Pityriasis rosea	2	6,7
Varicella	1	3,3
Total	26	100

Pyoderma accounted for 62.5% of bacterial dermatosis. Warts 30% of viral dermatosis

Discussion

4.1. Study Framework

Dermatology Department of CHU Gabriel Touré served as a framework for our study. It is one of the reference services for the diagnosis and management of dermatosis in Mali. It works in close collaboration with other departments of different university hospitals. Our information was collected on a survey form

4.2. Socio-demographic data of refereed patients

We recorded 226 reference cases, or 13.6% of patients consulted from January to December 2016. This result is comparable to that of Maza A et al in France who reported a prevalence of 5% of all consultations during a period of three months. The female sex predominated our study with a sex ratio H / F: 0.73, this result differs from that of Maza A et al and Mahé A et al who reported respectively a sex ratio H / F of 1.07 and 1, 5 [4, 6]. The age group of 1-5 years dominated our study in 17.7% of cases. This result differs from that of Maza A et al and Clyti E et al, who respectively observed a predominance of 60 years and 56 years [4, 7]. This result can be explained by the existence of a pediatric ward at Gabriel Touré University Hospital [8]. The majority of our patients were referred by the various departments of Teaching hospital Gabriel Toure(56.4%) (Pediatrics 23.1%, gastroenterology 19.6% and medical department 13.4%). This result is comparable to that of a French study reporting a predominant reference in the department of medicine, gastroenterology and pediatrics in 61% of cases [4]. The Bamanan ethnicity predominated our study and this is explained by the fact that the Bamana ethnic group is the majority ethnic group in Mali).

Housewives were the majority of our study and this is explained by the fact that in Malian society most of the family activities are performed by women, which exposes them more to the risk factors for the occurrence of dermatosis and also the unsightly aspects of dermatosis that encourage them to consult. The majority of our patients resided in Bamako, this can be explained by the fact that the Dermatology Department of Teaching hospital Gabriel Toure, is located in Bamako, which gives them easy access. Seven patients came from other republics including four Nigerians. Singles dominated our study in 77.2% of cases and this could be explained by the fact that singles, especially women, are attracted to aesthetics and still want to keep their skin beautiful.

Our patients were HIV-positive in 28.8% of cases. This could be explained by the existence of a gastroenterology department within the Teaching hospital Gabriel Toure, which is one of the main sites for the diagnosis and management of people living with HIV, and these people are more likely to to develop dermatosis because of their immunosuppressive state.

4.3. Clinical data

Infectious dermatosis were the first dermatological reference cause in our study in 53.1% of cases (consisting of bacterial dermatosis in 17.7%, fungal 18.1% of cases and viral 13.3% of cases). The same observation was made by Maza et al and CaumesE, who gave infectious dermatosis as their primary reason for consultation [4, 9]. This predominance of infectious dermatosis could be explained by the existence of the gastroenterology department that supports people living with HIV susceptible to developing infectious dermatosis. Inflammatory dermatitis and hypersensitivity with prurigo in the head was the second most common reason.

This is explained by the predominance of women who carry different valuables containing allergens. Genodermatosis were observed in 3.1% of cases and this by the high frequency of children in consultation. In comparison, the diagnostics retained after dermatological consultation was different from the reference pattern. This may be due to the lack of dermatological knowledge of staff from other departments



Figure 1: Acute urticaria in a girl



Figure 2: fat febrile red leg suggestive of erysipelas

Conclusion

The present study shows that dermatosis are a frequent reference for general and specialized medicine, hence the need to create dermatological services at the peripheral level.

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Conflicts of Interest: Authors declare that there is no conflict of interest.

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