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Clinical specificities of atopic dermatitis in Africa

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Introduction

Atopic dermatitis is an itchy, chronic or chronically relapsing inflammatory skin condition that often starts in early childhood (usually before 2 years of age)

- onset of eczematous lesions
- involvement of face, flexural areas
- frequent association with atopy, dry skin

Disease presentation is influenced by the genetics and environmental factors

Introduction

Objectives

Clinical specificities of AD in Africa while highlighting the impact of

- skin pigmentation (appearance of dermatological lesions)
- socio-cultural practices (herbal medicine, cataplasm, concept of chronic disease)

Brief review of previous paper on the validation of SCORAD and POSCORAD on pigmented skin (« black skin »)

Atopic dermatitis in infant

Lesions start around the age of two to three months

- Itching or rubbing

Eczematous lesions :

- symmetrically distributed
- involving the face with respect of the medial portion in particular the nose, lower limbs

Atopic dermatitis in infant



Atopic dermatitis in infant



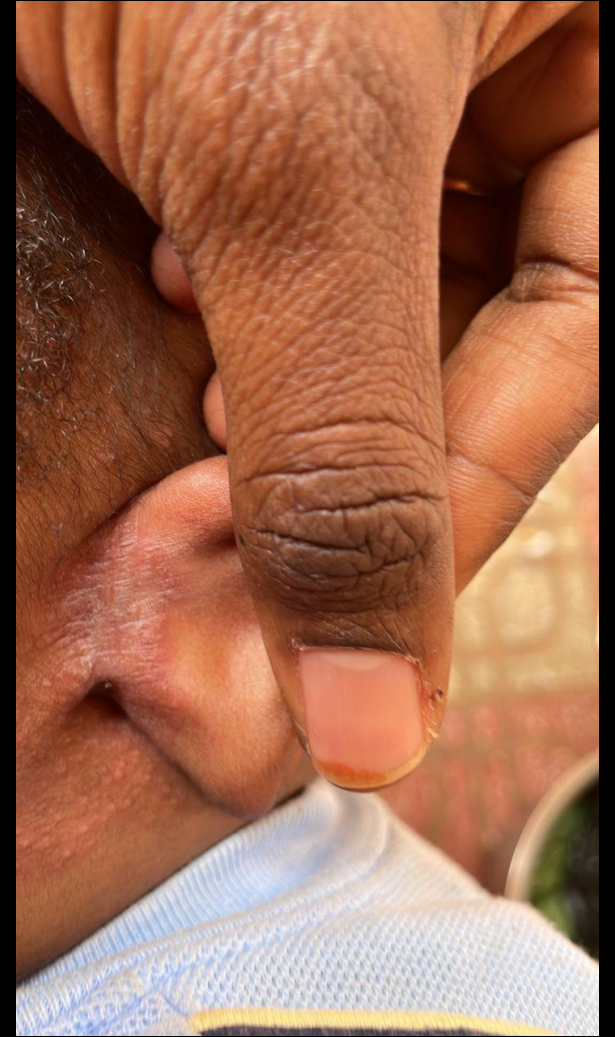
Atopic dermatitis in infant



Effet of the use of potent steroid



Effet of the use of herbal medicine



Atopic dermatitis in infant



Severe type



Super infection

Atopic dermatitis in children (>2 years)

Dry skin (xerosis) is a more constant feature than in infants

Eczematous lesions tend to be more localized in the folds (neck, elbows, knees) or involve "bastion areas" (hands and wrists, ankles, nipple, retro-auricular fissures)

More widespread flare-ups can be seen (trunk, limbs)

Superinfection is less common

Lichenification predominates over erythema and edema

The subpalpebral folds (Dennie-Morgan sign) are more pronounced.



Atopic dermatitis in children (>2 years)



Atopic dermatitis in children (>2 years)



Atopic dermatitis in children (>2 years)



Atopic dermatitis in children (>2 years)



Atopic dermatitis in children (>2 years)



Courtesy, Dr Teclessou

Adults and adolescents



Adults and adolescents



Adults and adolescents



Adults and adolescents



Adults and adolescents





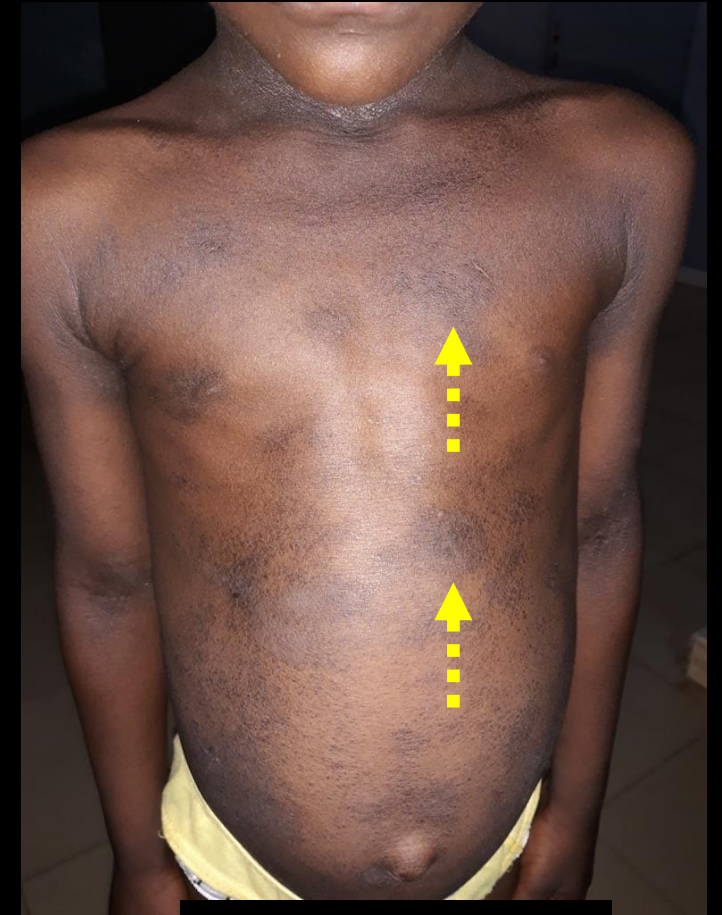
Adults and adolescents



Dennis Morgan



Follicular aspect



Lichenification

Adults and adolescents



Lichenification



Courtesy, Pr Ahogo



Courtesy, Pr Ball M



Courtesy, Pr Ahogo

Validation of SCORAD and POSCORAD on “black skin”

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JEADV



ORIGINAL ARTICLE

Validation of the Patient-Oriented SCORing for Atopic Dermatitis tool for black skin

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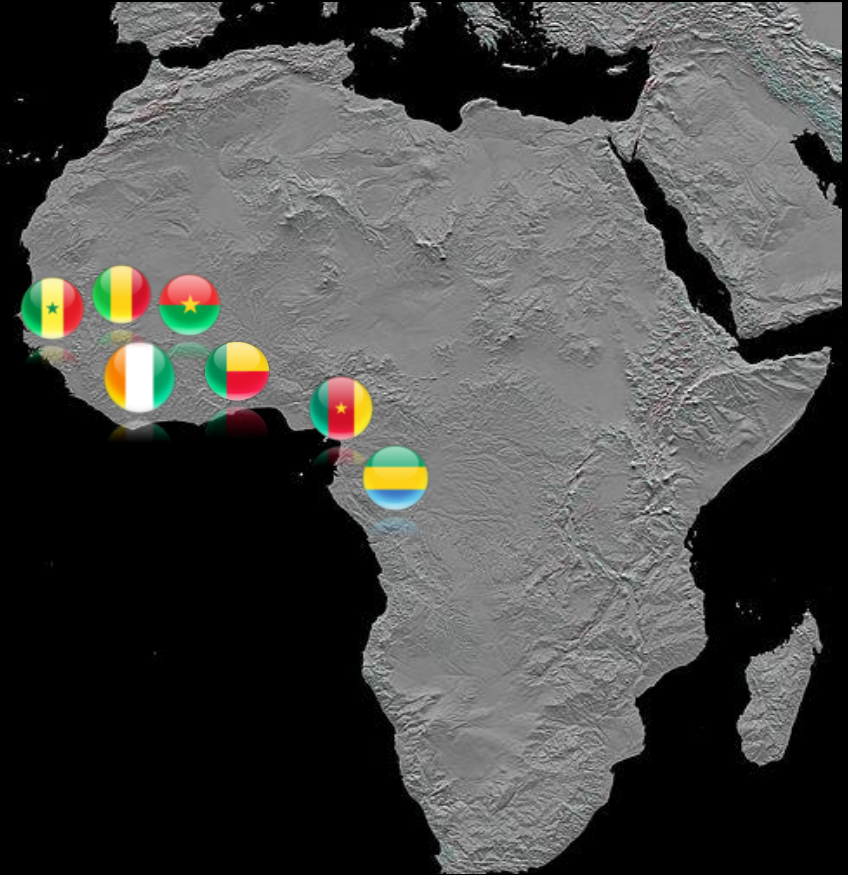
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Benin



Burkina Faso



Cameroun



Côte d'Ivoire



Gabon



Mali



Senegal

SUINTEMENTS CROUTES

Existe-t-il des croûtes ou des zones suintantes sur les plaques d'eczéma?

0: Pas du tout



1: Un peu



2: Modérément



3: Extrêmement



A : Surface atteinte
- Sélectionnez l'âge de la personne atteinte

- De 2 ans + De 2 ans

- Indiquez sur le dessin les zones touchées par l'eczéma

B : Intensité des symptômes
(0 à 3)

Sécheresse Rougeur

Gonflement Suintement/croûtes

Lésions de grattage Epaissement

* La sécheresse est évaluée sur la peau saine (sans eczéma)

C : Symptômes subjectifs
Démangeaisons et troubles du sommeil

Echelles visuelles analogiques
(valeur de 0 à 10)

(Moyennes des dernières 48 heures)

Pas de troubles du sommeil Troubles du sommeil très importants

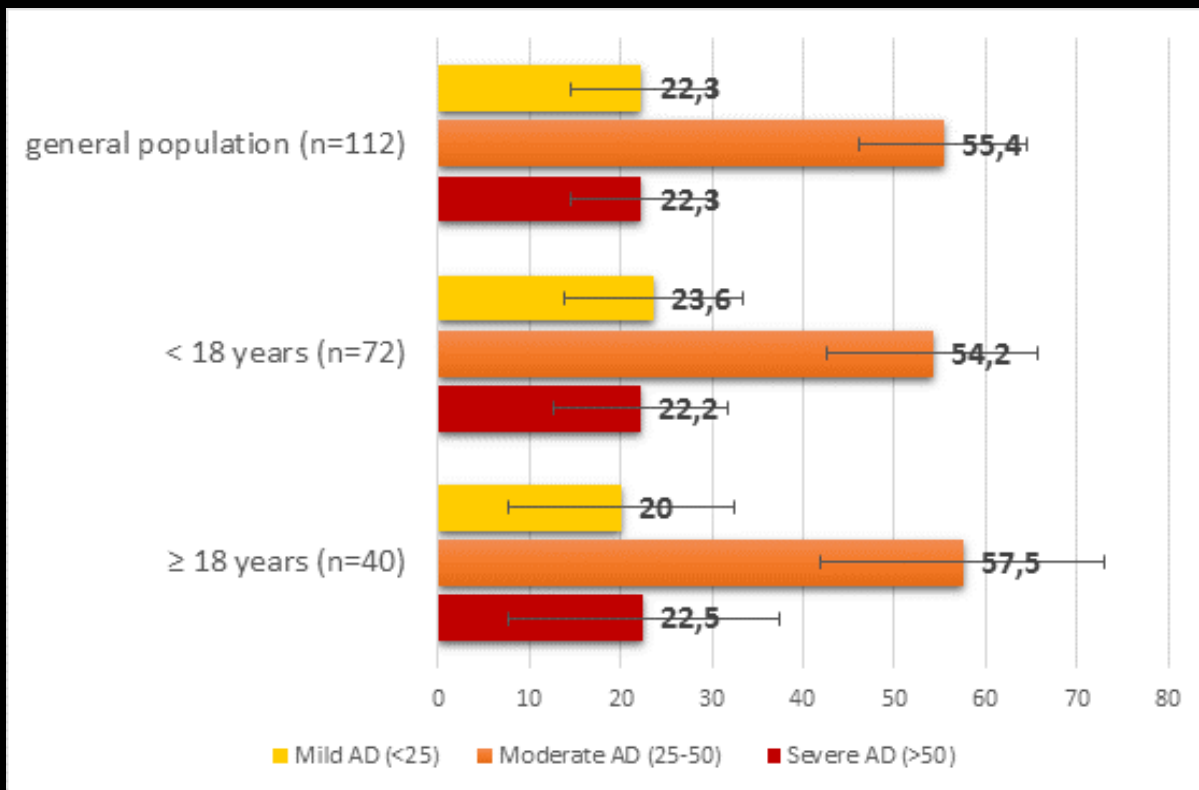
Pas de démangeaison Démangeaison intolérable

Visual aids were given
to facilitate the
evaluation

Good correlation between SCORAD and POSCORAD

Good correlation for score B:

- Accurate assessment by patients/parents of symptom severity: xerosis, oozing/crusts
- Underestimation by patients/parents of symptom severity: edema and erythema.
- Overestimation by patients/parents of symptom severity: scratch lesions, lichenification



	n	Spearman Coefficient [95% CI]	Spearman p-value
Subscale A score: extent	113	0.6853 [0.5711 ; 0.7710]	<0.0001
Subscale B score: intensity	112	0.4849 [0.3270 ; 0.6138]	<0.0001
Subscale C score: subjective symptoms	112	0.8103 [0.7336 ; 0.8648]	<0.0001

Conclusion

Specificities of atopic dermatitis in Africa

- Issue for the evaluation of erythema and oedema as well in particular in dark skin patients
- Possible frequency of complication due to poor hygiene and the use of non adapted materials
- High frequency of lichenification and papular presentation or neck involvement
- Risk of misdiagnosing the disease in adults
- Need for investigation : local allergen, microbiota, assessment of erythema