

OBSERVATIONS ON SKIN DISEASES IN PORTO RICO

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During the brief period from May 23 to August 25, 1929 five hundred and sixty patients were seen with skin diseases. Four hundred of these were observed in the out-patient clinic of the Presbyterian Hospital and one hundred and sixty in other institutions or through the courtesy of San Juan physicians. The former are the subject of this paper; the latter are included for completeness. The lesions found are classified in the following table:

CLASSIFICATION OF THE SKIN LESIONS OF 560 PATIENTS

Kind of lesion	Group A		Group B
	Number	Percent	Number
<i>Hyperemias and inflammations:</i>			
Erythema Multiforme	1		
Erythema Multiforme Bullosum	17		
Dermatitis Medicamentosa (Iodides)	17		
Dermatitis Venenata (plant)	2		1
Chronic Eczema (non-parasitic)	1		
Psoriasis	2		1
Pityriasis Rosea			1
Lichen Planus	2		
Staphylococcus infections of the skin		15	
Secondary to Parasitic Infections:	37		
Impetigo Contagiosum	25		
Furuncle	6		2
Carbuncle	1		
Folliculitis of the extremities	4		
Sycosis of beard	1		1
Pellagra	8		
Herpes Simplex	1		3
<i>Hypertrophies:</i>			
Keratosis Pilaris:			
Generalized	2		
Extremities	5		1
Keratosis Senilis			1
Keratoderma Palmaris and Plantaris	4		
Nevus Pigmentosus (flat, hairy)	1		
Ichthyosis, mild	1		
Scleroderma:			
Generalized			1
Morphea guttata			1
Elephantiasis of Leg	11	2	
<i>Ulcerations:</i>			
Leg ulcerations (etiology undetermined)	18	4	
<i>Pigment anomalies:</i>			
Chloasma	85	22	4
Vitiligo	22		
<i>New Growths:</i>			
Keloid	4		
Granuloma Pyogenicum (frenum of tongue)	1		
Molluscum Contagiosum			2
Xanthoma Palpebrum	1		
Adenoma Sebaceum			1
<i>Epitheloma of S. In:</i>			
Basal Cell	1		1
Squamous Cell			1
Lupus Vulgaris			1

Kind of lesion	Group A		Group B
	Number	Percent	Number
<i>Epithelioma of S.in.—Continued.</i>			
Lupus Erythematosus.....	1		3
Multiple Benign Sarcoid (subcutaneous).....			2
Syphilis with skin manifestations:			
Secondary.....	3		
Congenital.....	2		
Chancroid.....			1
Leprosy.....	1		54
Granuloma Inguinale.....			3
<i>Neuroses:</i>			
Pruritis—			
generalized.....	7		
ani.....	1		
Neurodermatitis.....			1
<i>Parasitic Infections:</i>			
Vegetable Parasites.....			
Trichophytosis of scalp.....	5	40.	
Sycosis of beard.....			1
Onychomycosis.....	7		9
Monilia infections of the mouth.....	3		
Fungus infections of the skin.....	182		35
Animal Parasites—			
Pediculosis Capitus.....	2		
Scabies.....	7		30
Dermatophiliasis.....			1
<i>Disease of Appendages and Mucous Membranes:</i>			
Seborrhea.....	3		
Acne Caeoeticorum.....			1
Acne Vulgaris.....	12	3	2
Alopecia Areata—			
Scalp.....	2		
Beard.....			2
Vincent's Angina.....	4		
Epithelioma of Mouth.....	2		
Total number of skin infections.....	493		168
Total number of patients.....	400		160

Group A represents the four hundred patients, almost all native born, who were seen in the clinic; Group B, the one hundred and sixty patients seen outside the clinic. Group A is divided into the number and percentage of skin diseases observed in these patients. When the percentage is less than two it is not recorded. Under group B only the number of the various dermatological conditions observed is recorded.

The four hundred patients seen in the out-patient clinic of the Presbyterian Hospital represented, roughly, seven per cent of the patients admitted to the general medical clinic. An affection of the skin was the chief complaint in about eighty per cent of these four hundred patients. The total number of skin diseases was 493. Among these, staphylococcus infections, pigment anomalies, and vegetable parasitic infections represented about four-fifths of the lesions. Skin eruptions due to, or associated with staphylococcus infections formed fifteen per cent of the total. The frequency of this infection may be due to the pruritis which accompanies the majority of skin lesions. On scratching or rubbing the skin, the saprophytic staphylococcus is inoculated into it and becomes pathogenic. This high per-

centage of staphylococcus infections of the skin corresponds to the preponderance and pathogenicity of the staphylococcus over other bacteria in throat and hematogenous infections in Porto Rico.

The pigment anomalies represented twenty-two percent of the lesions and the ratio of chloasma to vitiligo was 4:1. This percentage is much too low to be representative of this community for various reasons: First, in only about one fifth of these patients was a pigmentary dysfunction the complaint on admission to the clinic. Second, the clinic patient in Porto Rico does not usually seek treatment unless he is ill. Third, there is a conspicuous number of persons on the streets with irregular, hyperpigmented, frequently symmetrical areas on the face (chloasma).

Vegetable parasitic (fungus) infections made up forty percent of the lesions of the skin and the appendages. Again it is believed that this percentage is too low to be representative for reasons essentially similar to those given under pigment anomalies. Almost every type of skin lesion was represented. The majority of them occurred in one of the following forms: (1) as vesicles, pustules, and small exfoliating areas on the palms and soles; (2) as a diffuse, superficial, irregular exfoliation of the forelegs; (3) as whitish, sodden epidermis in the interdigital areas of the feet; (4) as small depigmented yellowish or white, slightly scaly areas occurring usually on the exposed surfaces. With the exception of the depigmented lesions all were pruritic and frequently secondarily infected. In the majority of these cases a fungus was found in the skin or appendages by direct microscopical or cultural* examination. Further proof of the diagnosis was afforded by the prompt response of these lesions to scrubbing with soap and water and the application of fungicides. No internal medication was given.

Of the remaining affections the incidence of each was less than two percent, with the exception of elephantiasis of the leg, acne and leg ulcerations. The occurrence of only one case of chronic excema (non-parasitic) in this series is very striking.

These observations bring out the interesting fact that if the banal pigment anomalies are omitted, then, fungus infections formed fifty-one percent of the skin lesions seen in the clinic patients.

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* A mycological study of these cultures is being made.