

A Case Series Of Skin Disorders In Lumbo-Sacral Region

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Abstract

BACKGROUND:

Skin disorders in lumbo-sacral region is a frequent entity but not paid attention. In our institution we got frequent referrals regarding contraindication of these dermatoses before spinal anaesthesia.

AIM AND OBJECTIVES:

To know about various Skin disorders in lumbo-sacral region and predisposing factors for it and classifying them according to indication and contraindications for spinal anaesthesia.

METHOD AND MATERIALS:

An cross sectional observational study for a period of 6 months where patients with Skin disorders in lumbo-sacral region of all age-groups,irrespective of gender,were enrolled in this study.

RESULTS:

Of 34 referrals for lumbo-sacral Skin disorders,14 cases were dermatophytosis ,8were PIH,2 were IGH,2 were leprosy,3 were sweat retention dermatitis,2 were psoriasis,1 was MR,1 was darier,1 was parapsoriasis.

CONCLUSION:

The lumbo-sacral region is the commonest site of sweat retention.The specialists of other departments were unaware of the nature of the disease and we as a dermatologist should guide them to do their procedures.

KEY WORDS:Dermatophytosis,Spinal anaesthesia,Sweat retention.

INTRODUCTION

Skin disorders in lumbo-sacral region are frequent entity but not paid much attention as patients wont be aware of the lesions which are asymptomatic. In our institution we got frequent referrals regarding contraindication of these dermatoses before spinal anaesthesia, epidural anaesthesia and lumbar puncture. Hence we did an observational study to know about the various Skin disorders in lumbo sacral region. The primary objective was to study the various clinical presentation of Skin disorders in lumbo- sacral region and to study the predisposing factors for these dermatoses. The secondary objective is to classify the skin disorders in lumbo-sacral region according to indication and contraindications for spinal anaesthesia, epidural anaesthesia and lumbar puncture.

METHODOLOGY

An observational cross-sectional study for a period of 6 months was done. All patients were subjected to detailed history taking and clinical examination. Clinical photographs were taken. Investigations like potassium hydroxide microscopy and skin biopsy were done whenever required. Specialists of other departments were given opinion regarding indication and contraindication for these skin disorders before proceeding for the procedure in lumbo-sacral region.

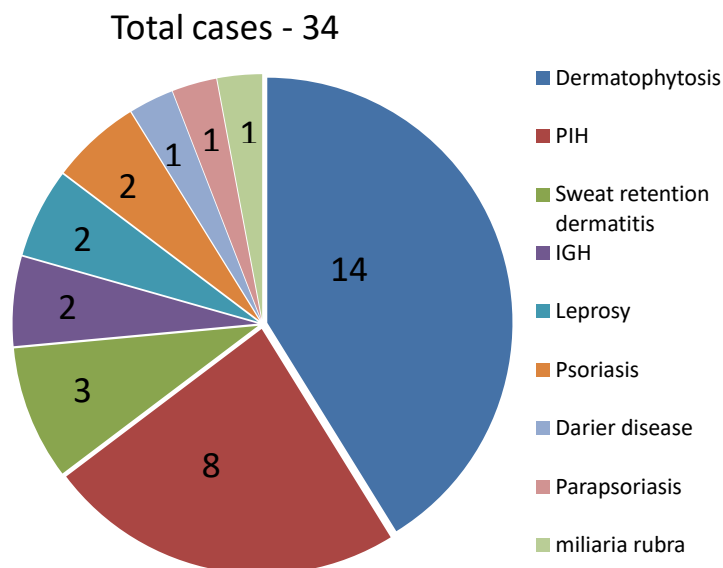
RESULTS

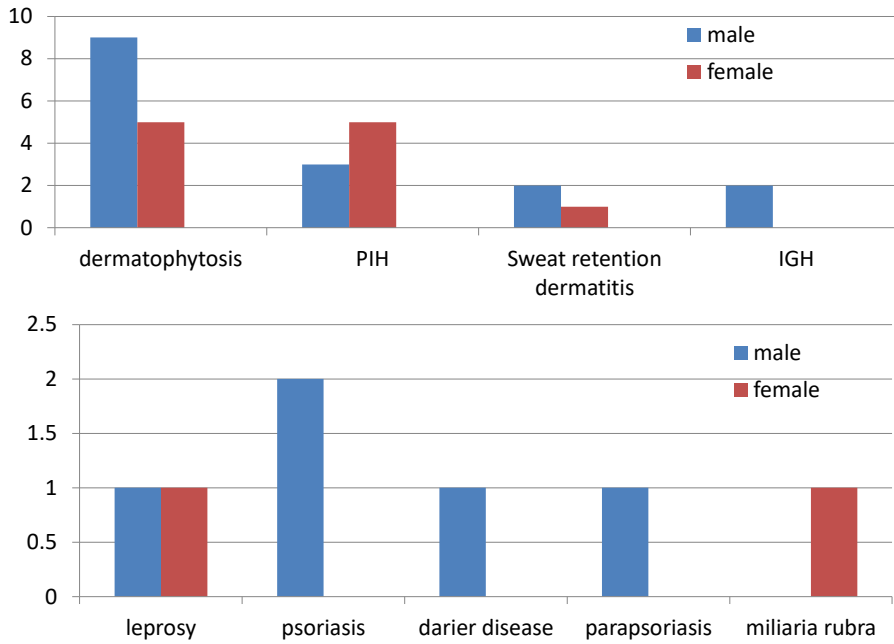
Of 34 referrals for lumbo-sacral skin disorders, 14 cases were dermatophytosis [figure:1], 8 were PIH [figure:2], 2 were IGH [figure:3], 2 were leprosy [figure:4], 3 were sweat retention dermatitis [figure:5], 2 were psoriasis [figure:6], 1 was MR [figure:7], 1 was darier [figure:8], 1 was parapsoriasis [figure:9].

Among these cases, majority of the patients were male. There were 21 males and 13 females.

Of the 34 referrals, the most common age of presentation was between 30 – 40 yrs in which there were 18 patients, between 20 – 30 yrs there were 10 patients and between 40 – 50 there were 6 patients. The most common occupation of the patients being daily wagers which constitutes about 21, next being farmers with 8 patients, 4 being homemakers and 1 was an IT professional.

RESULTS





IMAGES

Figure 1: Single large hyperpigmented plaque with scaling present over the sacral region which is suggestive of dermatophytosis.





Figure 2: Clinical picture suggestive of Post inflammatory hyperpigmentation over lumbar and sacral region.



Figure 3: Clinical picture showing Idiopathic guttate hypomelanosis with multiple hypopigmented macules present over lumbar and sacral region.

Figure 4: Multiple hypopigmented patches present over lumbar region which is likely to be leprosy.



Figure 5: Hyperpigmented patch present over the lumbar and sacral region which is suggestive of sweat retention dermatitis.



Figure 6: Single hypopigmented erythematous plaque with silvery scales present over sacral region suggestive of psoriasis.



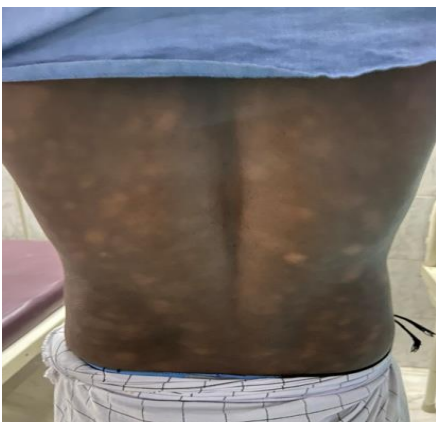
Figure 7: Multiple tiny papules present over the lumbar and sacral region indicating miliaria rubra.



Figure 8: Multiple scaly atrophic crusted papules and plaque present over the sacral region which indicates Darier disease.



Figure 9: Clinical photograph showing parapsoriasis with multiple hypopigmented patches with scales present over lumbo-sacral region



DISCUSSION

Frictional sweat dermatitis is a condition in which patient presents with burning and stinging sensation together with roughness and scaling where skin was in contact with under surface of garments like sari, salwar kameez and dhoti[4]. The triggering factors are profuse sweating, friction, prolonged exposure of sweat-soaked clothing and tight, porous, synthetic non sweatabsorbent clothes. Permeable material allows easy evaporation of water component of sweat, leaving behind higher concentration of sweat solutes, which cause the irritant reaction[1,2,3]. Water logging due to concavity of the region causes disruption of skin barrier function which in turn makes the area more prone for fungal infection. Tropical climate along with humidity also predisposes to development of fungal infection like dermatophytes and candida[1,2]. Sweat also contains other inflammatory mediators including proteolytic enzymes, urea, lactate, histamine, cytokines such as IL-1alpha and IL-8, the antimicrobial peptides dermicidin and cathelicidin which could act as irritants[3]. Chronic friction against hard surface in prone position triggers koebner phenomenon and predisposes to the development of new psoriatic plaques at the lumbo-sacral region[5,6]. The other dermatoses frequently encountered at the lumbo-sacral region were striae distensae, Decubitus ulcers, Nevus lipomatosus superficialis, Faun tail nevus and less frequently Herpes zoster. The common dermatoses which was mentioned earlier like dermatophytosis, sweat retention dermatitis, post inflammatory hyperpigmentation, psoriasis etc are not contraindication for procedures/surgeries. Dermatoses that are contraindicated for procedures are viral infections like herpes zoster, bacterial infections like furunculosis, and Deep fungal infections. In case of elective procedures, patient is advised to treat the dermatoses first and then plan for procedure/surgeries. In case of emergency procedure, specific initial treatment is given first and then fitness is provided for procedures/surgeries unless the condition is not contraindicated.

CONCLUSION

The lumbo-sacral region is the commonest site of sweat retention that predisposes to development of Skin disorders like dermatophytosis, miliaria etc. The specialists from other departments were unaware of the nature of the disease and we as a Dermatologist should have thorough knowledge about the disease and guide them to do their procedures.

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