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CHARACTERISTICS OF SEBORRHOEAL DERMATITIS

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ABSTRACT

This article provides data on the characteristics of the clinical course seborrheic dermatitis SD). DM is a chronic skin disease that occurs in all age groups of patients, mainly in the young and actively working age, has a variety of clinical forms, which requires histological studies to verify the diagnosis. Microflora in lesions in diabetes characterized by mycobacterial flora - representatives of yeast-like lipophilic fungi of the genus Pityrosporum and the family Micrococcaceae.

Seborrheic dermatitis (SD) is a chronic, relapsing disease characterized by damage to areas of skin rich in sebaceous glands. People with diabetes are more likely to get sick people aged 20 to 40 years. Hereditary plays an important role in the etiology of diabetes, infectious, allergic factor and immune status of the body [1, 2, 4, 9,12].

In the genesis of the disease, an important role is assigned to the yeast-like fungi Pityrosporum ovale, which saprophyte on the skin of the scalp (KVCHG), however, under certain conditions (hormonal imbalance, metabolic disorders, gastrointestinal pathology, nervous systems, immunodeficiencies) can acquire pathogenic properties, participating in the development or aggravation of the pathological process [11,13, 14].

These microorganisms are always on the surface of comedones. They can always be detected on healthy facial skin and are part of the normal microflora. A combination of P.ovale yeast and P.acne bacterial flora is often detected on the skin of acne patients. These pathogens produce lipase, activate substances and close the mouths of hair follicles. Currently, P. acne has been found to be the main cause of acne [8,9,10,15].

Acne vulgaris (acne vulgaris) is one of the most common chronic recurrent diseases. In Uzbekistan, it is diagnosed in 88% of the surveyed population aged 16 to 25 years [1]. The prevalence of the disease, the severity of clinical manifestations, a significant impact on the social status and social adaptation of patients determine the relevance of this problem and the

need to search for new, effective means and treatment regimens. Previously, based on the use of the hospital anxiety scale (HADS) and the CADI scale, we came to the conclusion that many factors affect the quality of life of patients: localization and visibility of lesions; gender and age; features of work; psychological characteristics of a person (claims to their appearance, obsessive fears, depression, etc.); the severity of the course of the disease, the quality of life increases with positive changes in response to treatment. The quality of life in patients with acne is reduced, mainly in people under the age of 20, which is associated with their higher requirements for their appearance, as well as in severe cases of the disease. [3,5,6,7,12,14].

The purpose of the work is to study the features of the clinical course of diabetes taking into account the age of patients and duration of the disease.

Material and methods

51 patients with diabetes from 4 to 64 years were under observation. There were 17 men (33.3%), women - 34 (66.6%). Microbiological studies included bacterial culture of skin scales (CN) on nutrient media Sabouraud, 5% blood agar, Endo, Levin for determination microflora. Mycological studies included microscopy of the material and cultural research. CN was pre-treated in a 20% KOH solution. Covered cover glass, then slightly heated over a burner flame. After 20-30 minutes. The specimen was microscopically examined. To study fungi, we used Sabouraud's medium or enriched meat-peptone agar, onto which the pathological material was inoculated and then poured vegetable oil in an amount of 2 ml. Crops were incubated at t +37° From within 7-14 days in a thermostat. Then the mycotic flora was identified.

Results and discussion

Before 7 years of age, diabetes was diagnosed in 5 (9.8%), 8-15 years old - in 10 (19.6%), 16-19 years old - in 7 (13.7%), 20-29 years – in 15 (29.4%), 30-39 years – in 10 (19.6%) 40-49 years and over 50 years – in 3 (5.8%) and 2 (3.9%) patients accordingly. DM was more common in female patients. According to our data, the peak morbidity occurred in young, active working age (ATW) (20-29 years) - 29.4%.

The duration of diabetes in 23 (45.1%) patients was up to 1 year, in 19 (37.3%) – from 1 to 5 years, in 9 (17.6%) – more than 5 years. It is interesting to note that, taking into account age indicators with recency diseases up to 1 year; dermatosis was diagnosed in 5 out of 23 under the age of 7 years; 8-15 years old – in 4; 16-19 years old – in 3, 20-29 years – in 5, 30 – 39 years – in 3, over 40 years – in 2. With increasing duration of the disease from 1up to 5 years or more, the disease was diagnosed in young people and ATV - from 20-39 years old, which may associated with hormonal imbalance and/or immunological disorders.

The diabetes clinic is of particular interest. In the examined patients, the skin-pathological process was located on the CVCH, face, torso - in the chest area, interscapular area. Elements of the lesion: spots, erythema, papular rashes, cracks, crusts, CN. The skin in the lesions was hyperemic, infiltrated, covered with pityriasis scales, especially on KVCHG in the form of “milk crusts”. On the skin the torso lesions were characterized by erythematous-squamous rashes round, oval or irregular in shape with fuzzy edges, on the surface of which fine pityriasis-like peeling was noted.

An analysis of the clinical picture was made taking into account the prevalence of skin pathology process. Thus, the widespread form of diabetes was found in 20 (39.2%), the limited form - in 31 (60.8%) patients.

The limited form was characterized by lesions only of CVCH, erythematous-squamous rashes with pityriasis-like peeling. In some patients on the skin infiltration, cracking, weeping without vesicular eruptions were noted. The patients were worried intense itching. It should be noted that, taking into account the gender aspect, the lesion of CVCH is the most was often observed in females - 22 out of 31 patients, which amounted to 70.9%. Moreover, in In terms of age, those aged 20-29 years were more affected by the disease - 19.4%. Interesting note that in 19 patients the clinical picture resembled psoriasis of the scalp, in 7 patients the clinical picture was similar to mycosis, in 5 it resembled seborrheic eczema.

The common form was characterized by the location of the skin pathological process on the ECG, face, especially in the area of the naso-cheek folds, eyebrows, chest. Lesions: finely punctate follicular nodules of yellow-pink color, covered greasy, grayish-yellow scales. On the skin of the chest as a result of fusion Several plaques formed large foci with scalloped outlines. Subjectively: I was bothered by periodic itching. Taking into account gender, the common form is more often was diagnosed in females - in 12 out of 20 patients.

It is important to emphasize that according to the nature of the skin pathological process in 7 patients the clinical picture was similar to allergic dermatitis, in 6 – a type of lichen versicolor, in 4 - according to the type of seborrheic form of psoriasis, in 3 - according to the type of rosacea, in 1 - according to the type of eczema.

The results of microbiological studies showed that 11 out of 51 patients had yeast-like lipophilic fungi Pityrosporum ovale were cultivated, which amounted to 21.5%, then St. aureus - in 15 (29.4%), St. haemolyticus - in 8 (15.7%), St. saprophyticus – in 11 (21.5%). While on the skin of the body the growth of Pityrosporum ovale was noted in 4 (7.8%), St. aureus - at 11 (21.5%), St. Haemolyticus – in 4 (7.8%) and St. saprophyticus – in 13 (25.5%) patients.

It should be noted that colonization of representatives of the Micrococcaceae family in foci lesions statistically significantly exceeded microflora indicators in healthy individuals ($p<0.05$), which averaged 1221.5 ± 215.6 CFU/cm^2. The data obtained indicate a high contamination of pathogenic flora Stafylococcus spp. on the skin of patients with diabetes, which, in our opinion, has important in the clinical course of this dermatosis.

Thus, DM is a chronic skin disease that occurs in all age categories of patients, mainly in ATV has a variety of clinical forms, which requires histological studies to establish final diagnosis. The microflora in lesions in diabetes is characterized mycobacterial flora - representatives of yeast-like lipophilic fungi of the genus Pityrosporum and the family Micrococcaceae.

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