

**PATTERN OF CUTANEOUS DISEASES IN INMATES OF CENTRAL JAIL, LUDHIANA, PUNJAB**Bimal Kanish<sup>1</sup>, Anuradha Bhatia<sup>2</sup>**HOW TO CITE THIS ARTICLE:**

Bimal Kanish, Anuradha Bhatia. "Pattern of Cutaneous Disease in Inmates of Central Jail, Ludhiana, Punjab". Journal of Evolution of Medical and Dental Sciences 2014; Vol. 3, Issue 14, April 07; Page: 3679-3681, DOI: 10.14260/jemds/2014/2342

**ABSTRACT: BACKGROUND:** Prisons are fertile breeding places for many skin infections and infestations; also the prevalent stressful conditions may aggravate preexisting skin problems. **OBJECTIVES:** To determine the pattern of cutaneous diseases in Central Jail, Ludhiana, Punjab (male prison). **MATERIALS AND METHODS:** The jail inmates were examined as a part of special skin camp organized in the Central Jail Ludhiana by the dermatologist after eliciting a brief history. **RESULTS:** Of the 157 patients examined, 70% were infectious; commonest being scabies followed by pyodermas, dermatophytosis, pityriasis versicolor, warts. Eczemas and Acne vulgaris were the most common non-infectious conditions seen. **CONCLUSIONS:** We recommend screening of new inmates by a dermatologist and periodic skin camps to be conducted in prisons at regular intervals.

**KEYWORDS:** Prison, Inmates, Cutaneous.

**INTRODUCTION:** Prisons provide a favorable breeding ground for various diseases including skin diseases. Due to security concerns & poor access to medical supplies & treatment, their health problems are often neglected. Rampant overcrowding, poor sanitary conditions & increased stress levels can lead to various skin diseases or aggravate pre-existing skin ailments. In general, prisoner's dermatological conditions are no different from general population; however some conditions are more commonly seen in prison inmates.

**MATERIALS & METHODS:** A total of 157 patients were examined as a part of special skin camp organized in Central Jail, Ludhiana. The general health of the patients is looked after by jail doctors; however no specialist dermatologist is on the panel. Inmates were screened by the jail doctor & those who had specific skin problems were then presented to the dermatologist in the camp. All of these inmates were subjected to a detailed cutaneous examination in good daylight. A brief history pertaining to the skin complaints was elicited.

**RESULTS:** The average age group of patients who presented to us for dermatological problems was 30 years. About 60% patient had generalized itching, 30% patients had localized itching. 70% of patients had infectious dermatoses, while 30% had non-infectious dermatoses.

Among the infectious group scabies was the most common (37%) followed by pyodermas (18%), dermatophytosis (9%), Pityriasis versicolor (3%), pediculosis (2%) and warts (1%). Majority of the patients with pyoderma had underlying itchy dermatoses, mainly scabies. It was also observed that most of the patients had more than single dermatoses.

Among the non-infectious group, majority of patients had eczemas (21%) followed by Acne Vulgaris (7%), and Melasma (2%). 4 patients admitted to injectable drug abuse prior to entry in jail.

## ORIGINAL ARTICLE

---

**DISCUSSION:** The total number of inmates in Ludhiana Jail was 3368 against a sanctioned strength of 2700. Out of these under trials were 2428 and convicts were 940. Age group of jail inmates varied from 20 to 84 years. The total area of Jail is 100 acres. Jail inmates are housed in 35 barracks. Each barracks has 4 toilets and common bathing areas. The general health of the inmates is looked after by a panel of Jail doctors who are non-specialists.

A dermatologist is not routinely available to cater to their skin problems. Hence a special camp was organized to address their skin complaints. Skin infections & infestations were found to be the most common findings consistent with some other studies.<sup>(1)</sup> Few studies have found acne to be the most common skin finding,<sup>1,2</sup> 70% had cutaneous infections, commonest being scabies seen in (37%), followed by pyodermas (18%), dermatophytosis (9%) Pityriasis versicolor (3%), pediculosis (2%) and warts (1%). Study done in Mangalore<sup>3</sup> found dermatophytosis to be the most common cutaneous infection whereas studies done in Nigerian prison revealed scabies as the most common infection followed by dermatophytosis.<sup>4,5</sup>

In our study also, scabies was the most common infestations. One of the reasons for increased incidence of scabies was overcrowding & poor sanitary conditions. Also inmates were rotated to different barracks at periodic intervals for security reasons because of which the transmission of infection was high. Dermatophytosis was less in our study. This could be explained by the fact these patients were examined in the month of November, which is cold in North India. Kandhari & Sethi have reported that dermatophytosis is more common in hot & humid climate.<sup>6</sup>

Lice are more common in children than adults, however higher incidence of pediculosis capitis among adult males found in our study could be due to overcrowding, sharing of combs & close sleeping habits. Many patients had long hair due to religious reasons (they were Sikhs). This could also explain the higher incidence of Pediculosis capitis.

Among the non-infectious causes, eczemas & acne was the most common seen in 21% & 7% respectively. Flares of conditions like eczemas & acne are known to occur under increased stress levels<sup>7</sup> & prison inmates are prone to higher stress levels as compared to general population. Stress may result in more picking & scratching of lesions.

Ludhiana Jail is operating 125 % in excess of its capacity. This is comparable with other data on overcrowding in jails.<sup>8</sup> We would like to highlight the fact the actual number of inmates suffering from skin problems was much higher than presented here. However these were being managed by the jail doctors. Only those inmates in whom a specialist opinion was deemed necessary were brought to us.

In conclusion, it is recommended that screening of inmates be done at the point of entry & common skin disease should be treated. Some studies have advocated the use of oral ivermectin for the prophylaxis of scabies in Jail.<sup>9</sup> Periodic skin camps should be conducted in the prisons so that inmates are benefited from specialized care without long waiting periods & the risk of transmission to other inmates is thereby reduced.

Steps should also be taken to improve general sanitary conditions & reduce overcrowding. We also recommend that similar measures be taken in female prisons also.

### REFERENCES:

1. Brauner GJ, Goodheart HP. Dermatological care behind bars. *J Am Acad Dermatol* 1989; 20:707-8.

## ORIGINAL ARTICLE

2. Tucker R. Exploring Prisoners view of pharmacy led dermatology clinic. *Pharmacy in Practice* 2004; 4: 113-14.
3. Kuruvilla M, Shaikh M, Kumar P. Pattern of dermatoses among inmates of district prison – Mangalore. *Indian J Dermatol Venereol Leprol* 2002; 68:16-18.
4. American college of Physicians, National Commission on correctional health care & American Correctional health services association: The crisis in correctional health care; the impact of drug control strategy on correctional health services: *Annals Intern Med* 1992;117:71-76.
5. Okudo A. Dermatophytes in Ikoyi prison: (dissertation) National Post graduate Medical College, Lagos, Nigeria 1992; 38-41.
6. Kandhari K C, Sethi KK. Dermatophytosis in Delhi area. *J Indian Med Assoc* 1964; 42: 324.
7. Kimyai – Asadi A, Usman A. The role of psychological stress in skin diseases. *J Cutan Med Surg* 2001; 5: 140-5.
8. Sunenshine PJ, Schwartz RA, Jamigar CK. Tinea versicolor. *Int J Dermatol* 1998; 37:648-655.
9. Ribeiro FAQ, Taciro E, Guerra MRM and Echley CA. Oral ivermectin for treatment & prophylaxis of scabies in prison. *Journal of Dermatological treatment* 2005; 16(3): 138 – 41.

### AUTHORS:

1. Bimal Kanish
2. Anuradha Bhatia

### PARTICULARS OF CONTRIBUTORS:

1. Associate Professor, Department of Dermatology, Christian Medical College and Hospital, Ludhiana. Affiliated to BFUHS, Faridkot, Punjab
2. Associate Professor, Department of Dermatology, Christian Medical College and Hospital, Ludhiana. Affiliated to BFUHS, Faridkot, Punjab

### NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Bimal Kanish,  
Associate Professor,  
Department of Dermatology,  
CMCH, Ludhiana.  
E-mail: drbimalkanish@yahoo.co.in

Date of Submission: 11/03/2014.  
Date of Peer Review: 12/03/2014.  
Date of Acceptance: 17/03/2014.  
Date of Publishing: 04/04/2014.