

## Original Research Article

# A cross-sectional study to document socio-demographic profile and disease profile of dermatosis in pediatric age group

**Naresh B. Jadav\*, Nital N. Vaghela, Komal B. Patel, Yogesh U. Patel, Brijesh V. Parmar, Dipak D. Umarigar**

Department of Dermatology, Government Medical College, Surat, Gujarat, India

**Received:** 14 July 2023

**Revised:** 25 August 2023

**Accepted:** 29 August 2023

### \*Correspondence:

Dr. Naresh B. Jadav,

E-mail: [nareshjadav1111@gmail.com](mailto:nareshjadav1111@gmail.com)

**Copyright:** © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

## ABSTRACT

**Background:** Skin diseases are considered a major health problem in the pediatric age group and are sometimes associated with significant morbidity. Among them, dermatosis is one of the most common skin diseases in India, affecting the skin and hair. Early diagnosis and treatment are essential for pediatric patients to prevent long-term persistence or disability caused by the disease. Although some manifestations are physiological and require no treatment, different age groups have different sets of clinical dermatoses, with dermatitis being the most common among all age groups. Studying the proportions of various clinical presentations of different types of dermatosis helps in the proper diagnosis and management of patients. This study was conducted to document the socio-demographic profile and disease profile of various forms of pediatric dermatosis.

**Methods:** A cross-sectional study was conducted from April 2017 to March 2019 among 401 pediatric patients at a tertiary-level hospital.

**Results:** Out of the 401 participants, approximately two-thirds were male, and more than half (53.1%) were 5-11 years old. Among the dermatoses groups, the most common were dermatitis (20.4%), nutritional (15%), pigmentary (13.6%), and others.

**Conclusions:** All forms were predominantly seen among males, except in a few dermatitis types like papulosquamous, hair, pigmentary, bullous, and keratinizing disorders, where females were more prone than males.

**Keywords:** Paediatric, Dermatoses, Skin disease, Hair disease

## INTRODUCTION

Dermatology evolved as a branch of internal medicine during the 19<sup>th</sup> century. It encompasses the study not only of the skin and its diseases but also of the external and internal factors, including psychological influences, that cause or contribute to such diseases. J. L. Burton rightly said, "Skin is a mirror of the soul." Skin diseases were considered a major health problem among pediatric patients, with significant morbidity if left untreated. They constitute 30% of all outpatient visits to pediatricians, and 30% of all visits to dermatologists involve children.<sup>1,2</sup>

The manifestations of skin diseases in the pediatric age group vary between transitory or chronic and recurrent. Chronic dermatoses are often associated with significant morbidity and psychological impact. Pediatric dermatoses and adult dermatoses have different manifestations, requiring a separate approach from adult dermatoses. According to various studies, dermatoses in pediatric patients are affected by socioeconomic conditions, climate change, nutritional habits, and the external atmosphere compared to adults. Cutaneous infections are common in children during school-going years.<sup>3</sup>

In India, 28.6% of the population is less than 14 years of age. In the last two decades, pediatric dermatology has become a vital field of medical practice encompassing numerous areas of expertise. It exclusively deals with the skin diseases prevalent in children, some of which often follow clinical courses quite variable from those in adults due to anatomical and physiological variations in pediatric skin, differences in immune status, endocrine status, and other factors. Sometimes, the skin may reflect internal diseases such as the presence of cyanosis, jaundice, pallor, purpura, hypothermia, and hyperthermia, which may indicate other diseases.<sup>4,5</sup>

Most of the data on pediatric dermatoses derive from school-based surveys of urban and rural areas of India. It has been reported that the pattern of skin diseases in India differs across states, rural and urban areas, and hilly regions.<sup>4,5</sup> Treatment is also considered a vital aspect of managing pediatric dermatoses. It requires extensive knowledge regarding drugs, their accurate dosages, adverse effects, and contraindications. Prescribing topical preparations to pediatric patients requires great expertise, which depends on the site, age, preparation, type of dermatoses, etc. Hence, the present study was performed with the objectives of documenting the socio-demographic profile, clinical profile, and gender-wise distribution of various forms of pediatric dermatosis.

## METHODS

The present observational cross-sectional study was conducted in the outpatient department of the department of dermatology, new civil hospital, Surat, from April 2017 to March 2019 after obtaining ethical approval. Data were collected using a pre-designed, semi-structured questionnaire, which consisted of socio-demographic profiles, clinical profiles, associated symptoms, drug history, and various laboratory tests if necessary, such as complete blood count, random blood sugar, liver function tests, renal function tests, urine examination, peripheral blood smear, skin biopsy, X-ray chest, USG abdomen, and other necessary relevant investigations. Participants were informed that their participation was strictly voluntary and that they could withdraw at any time. After data collection, all data were entered and analyzed using Microsoft office excel 2007. Quantitative data were presented with mean and SD, while qualitative data were presented with frequency and percentage. Bar diagrams were used for graphical presentation.

### Inclusion criteria

Patients with age >1 month and <12 years, patient having dermatoses and patient's guardian willing to give informed valid consent were included.

### Exclusion criteria

Patients with age <1 month and >12 years, infectious disease and not willing to participate were excluded.

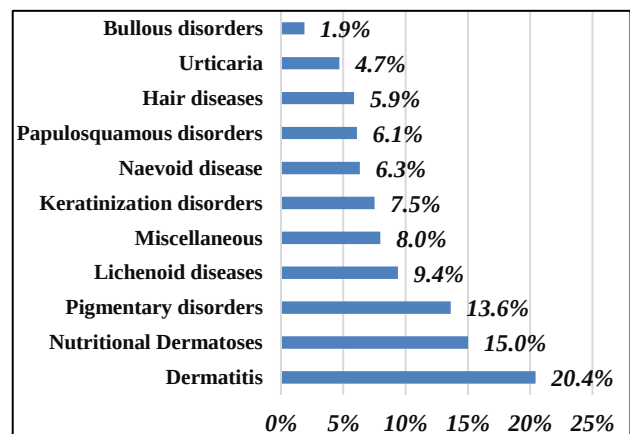
## RESULTS

The present cross-sectional study among 401 participants found that the majority of patients belonged to the age group of 5-11 years (53.1%), followed by 1-5 years (33.8%) and less than one year (13.1%). More than half of the patients (55.9%) were boys, with a sex ratio of 1.3:1. The majority of patients (81%) attending the skin OPD were from nuclear families, while 89% resided in pucca houses, and the majority were in socioeconomic class III (45.5%) and class IV (27%). Approximately three-fifths of patients (59.4%) originally belonged to other states and migrated to Surat.

A total of 66 different non-infectious dermatoses were found among patients, with dermatitis (20.42%) being the most common, followed by nutritional dermatoses (15.2%), pigmentary dermatoses (13.62%), lichenoid dermatoses (9.39%), keratinization disorders (7.51%), and others.

Among dermatitis, the most common forms of disorders were acute eczema (45.9%), atopic dermatitis (20.6%), seborrheic capitis and dermatitis (14.8%), and others. Among nutritional dermatoses, the most common disorders were pityriasis alba (57.8%), phrynoderma (25%), and others. The most common pigmentary disorder was vitiligo (61.8%), and the most common lichenoid disease was lichen planus (52.5%). Palmoplantar keratoderma (37.5%) was the most common keratinization disorder, while hemangioma (25.5%) was the most common nevoid disease, and pityriasis rosea (38.4%) was the most common papulosquamous disorder.

Among hair diseases, the commonest conditions were alopecia areata (60%), alopecia universalis (12%), tractional alopecia (12%), and others. The most common urticarial and bullous disorders were Popular urticaria (65%) and chronic bullous disease of childhood (62.5%) respectively. However, the commonest miscellaneous conditions were miliaria (44.1%), milia (11.7%), and others (Table 2).



**Figure 1: Distributions of pediatric patients based on groups of dermatoses.**

**Table 1: Distributions of patients based on socio-demographic profiles.**

| Socio-demographic variables |                 | N (%)      |
|-----------------------------|-----------------|------------|
| Age group (in years)        | ≤1              | 56 (13.1)  |
|                             | 1-5             | 144 (33.8) |
|                             | 5-11            | 226 (53.1) |
| Gender                      | Male            | 224 (55.9) |
|                             | Female          | 177 (44.1) |
| Family types                | Nuclear         | 326 (81.2) |
|                             | Joint           | 75 (18.8)  |
| Types of house              | Kutcha house    | 43 (10.8)  |
|                             | Pucca house     | 358 (89.2) |
| No. rooms in house          | 1 room          | 141 (35.2) |
|                             | 2 rooms         | 198 (49.5) |
|                             | 3 or more rooms | 62 (15.2)  |
| Native place                | Gujarat         | 163 (40.6) |
|                             | Bihar           | 63 (15.7)  |
|                             | UP              | 116 (29.1) |
|                             | Maharashtra     | 41 (10.3)  |
|                             | MP              | 5 (1.1)    |
|                             | Orissa          | 3 (0.7)    |
|                             | Rajasthan       | 10 (2.3)   |
| Socio-economical class      | I               | 3 (0.7)    |
|                             | II              | 78 (19.5)  |
|                             | III             | 183 (45.5) |
|                             | IV              | 108 (27.0) |
|                             | V               | 29 (7.3)   |

**Table 2: Distributions of patients based on group of dermatosis and disorder.**

| Dermatosis                    | Disorder                               | Male, N (%) | Female, N (%) | Total, N (%) |
|-------------------------------|----------------------------------------|-------------|---------------|--------------|
| Dermatitis (n=87)             | Acute eczema                           | 22 (44.0)   | 18 (48.6)     | 40 (45.9)    |
|                               | Atopic dermatitis                      | 12 (24.0)   | 6 (16.2)      | 18 (20.6)    |
|                               | Seborrheic capitis                     | 3 (6.0)     | 4 (10.8)      | 7 (8.0)      |
|                               | Seborrheic dermatitis                  | 4 (8.0)     | 2 (5.4)       | 6 (6.8)      |
|                               | Irritant contact dermatitis            | 5 (10.0)    | 0             | 5 (5.7)      |
|                               | Pompholyx                              | 2 (4.0)     | 3 (8.1)       | 5 (4.7)      |
|                               | Diaper dermatitis                      | 1 (2.0)     | 3 (8.1)       | 4 (4.5)      |
|                               | Erythroderma                           | 1 (2.0)     | 1 (2.7)       | 2 (2.2)      |
| Nutritional dermatoses (n=64) | Pityriasis alba                        | 23 (59.0)   | 14 (56.0)     | 37 (57.8)    |
|                               | Phrynodema                             | 10 (25.6)   | 6 (24.0)      | 16 (25.0)    |
|                               | Acrodermatitis enteropathica           | 2 (5.1)     | 1 (4.0)       | 3 (4.7)      |
|                               | Chelitis/stomatitis                    | 1 (2.6)     | 2 (8.0)       | 3 (4.6)      |
|                               | Protein-energy malnutrition            | 1 (2.6)     | 2 (8.0)       | 3 (4.6)      |
|                               | Koilonychias                           | 2 (5.1)     | 0             | 2 (3.1)      |
| Pigmentary disorders (n=58)   | Vitiligo                               | 19 (61.3)   | 15 (55.6)     | 34 (61.8)    |
|                               | Hypomelanosis of Ito                   | 1 (3.2)     | 3 (11.1)      | 4 (7.2)      |
|                               | Nevus depigmentosus                    | 2 (6.5)     | 2 (7.4)       | 4 (7.2)      |
|                               | Post-inflammatory hyperpigmentation    | 3 (9.7)     | 1 (3.7)       | 4 (7.2)      |
|                               | Albinism                               | 2 (6.5)     | 0             | 2 (3.6)      |
|                               | Mongolian spot                         | 1 (3.2)     | 1 (3.7)       | 2 (3.6)      |
|                               | Lentigens                              | 2 (6.5)     | 0             | 2 (3.6)      |
|                               | Freckles                               | 1 (3.2)     | 1 (3.7)       | 2 (3.6)      |
|                               | Waardenberg syndrome                   | 0           | 2 (7.4)       | 2 (3.6)      |
|                               | Dyschromatosis universalis hereditaria | 0           | 1 (3.7)       | 1 (1.8)      |
|                               | Incontinentia pigmenti                 | 0           | 1 (3.7)       | 1 (1.8)      |

Continued.

| Dermatosis                                 | Disorder                               | Male,<br>N (%) | Female,<br>N (%) | Total,<br>N (%) |
|--------------------------------------------|----------------------------------------|----------------|------------------|-----------------|
| <b>Lichenoid diseases<br/>(n=40)</b>       | Lichen planus                          | 15 (48.4)      | 6 (66.7)         | 21(52.5)        |
|                                            | Lichen striatus                        | 6 (19.4)       | 2 (22.2)         | 8 (20.0)        |
|                                            | Lichen nitidus                         | 5 (16.1)       | 1 (11.1)         | 6 (15.0)        |
|                                            | Lichen spinulosus                      | 5 (16.1)       | 0                | 5 (12.5)        |
| <b>Keratinization<br/>disorders (n=32)</b> | Palmoplantar keratoderma               | 4 (26.7)       | 8 (47.1)         | 12 (37.5)       |
|                                            | Keratosis pilaris                      | 1 (6.7)        | 7 (41.2)         | 8 (25.0)        |
|                                            | Ichthyosis vulgaris                    | 7 (46.7)       | 1 (5.9)          | 8 (25.0)        |
|                                            | Lamellar ichthyosis                    | 3 (20.0)       | 1 (5.9)          | 4 (12.5)        |
| <b>Naevoid disease<br/>(n=27)</b>          | Hemangioma                             | 3 (17.6)       | 4 (40.0)         | 7 (25.5)        |
|                                            | Port wine stain                        | 3 (17.6)       | 2 (20.0)         | 5 (18.5)        |
|                                            | Salmon patch                           | 4 (23.5)       | 1 (10.0)         | 5 (18.5)        |
|                                            | Congenital melanocytic nevus           | 3 (17.6)       | 0                | 3 (11.1)        |
|                                            | Linear epidermal verrucous nevus       | 0              | 3 (30.0)         | 3 (11.1)        |
|                                            | Blaschkitis                            | 2 (11.8)       | 0                | 2 (7.4)         |
|                                            | Faun tail                              | 2 (11.8)       | 0                | 2 (7.4)         |
| <b>Papulosquamous<br/>disorders (n=26)</b> | Pityriasis rosea                       | 3 (23.1)       | 7 (53.8)         | 10 (38.4)       |
|                                            | Psoriasis vulgaris                     | 4 (30.8)       | 2 (15.4)         | 6 (23.0)        |
|                                            | Guttate psoriasis                      | 3 (23.1)       | 2 (15.4)         | 5 (19.2)        |
|                                            | Pityriasis rubra pilaris               | 1 (7.7)        | 1 (7.7)          | 2 (7.6)         |
|                                            | Keratolysis exfoliative                | 2 (15.4)       | 0                | 2 (7.6)         |
|                                            | Scalp psoriasis                        | 0              | 1 (7.7)          | 1 (3.8)         |
| <b>Hair diseases<br/>(n=25)</b>            | Alopecia areata                        | 8 (66.7)       | 7 (53.8)         | 15 (60.0)       |
|                                            | Alopecia universalis                   | 0              | 3 (23.1)         | 3 (12.0)        |
|                                            | Traction alopecia                      | 1 (8.3)        | 2 (15.4)         | 3 (12.0)        |
|                                            | Lichen plano pilaris                   | 2 (16.7)       | 0                | 2 (8.0)         |
|                                            | Pityriasis amiantacea                  | 0              | 1 (7.7)          | 1 (4.0)         |
|                                            | Trichotillomania                       | 1 (8.3)        | 0                | 1 (4.0)         |
| <b>Urticaria (n=20)</b>                    | Papular urticaria                      | 6 (50.0)       | 7 (87.5)         | 13 (65.0)       |
|                                            | Acute urticaria & angioedema           | 5 (41.7)       | 1 (12.)          | 6 (30.0)        |
|                                            | Cutaneous mastocytosis                 | 1 (8.3)        | 0                | 1 (5.0)         |
| <b>Bullous disorders<br/>(n=8)</b>         | A chronic bullous disease of childhood | 2 (50.0)       | 3 (75.0)         | 5 (62.5)        |
|                                            | Epidermolysis bullosa simplex          | 2 (50.0)       | 1 (25.0)         | 3 (37.5)        |
|                                            | Miliaria                               | 7 (35.0)       | 8 (57.1)         | 15 (44.1)       |
| <b>Miscellaneous<br/>(n=34)</b>            | Milia                                  | 0              | 4 (28.6)         | 4 (11.7)        |
|                                            | Morphea                                | 3 (15.0)       | 0                | 3 (8.8)         |
|                                            | Cutis marmorata                        | 3 (15.0)       | 0                | 3 (8.8)         |
|                                            | Polymorphic light eruption             | 3 (15.0)       | 0                | 3 (8.8)         |
|                                            | Fordyce spot                           | 1 (5.0)        | 1 (7.1)          | 2 (5.8)         |
|                                            | Infantile acne                         | 1 (5.0)        | 0                | 1 (2.9)         |
|                                            | Anhidrotic ectodermal dysplasia        | 1 (5.0)        | 0                | 1 (2.9)         |
|                                            | Neurofibromatosis -1                   | 1 (5.0)        | 0                | 1 (2.9)         |
|                                            | Tuberous sclerosis                     | 0              | 1 (7.1)          | 1 (2.9)         |

## DISCUSSION

Patterns of dermatological disorders among pediatric patients differ from one nation to another and within the same nation from one state to another due to various factors such as climate, culture, and socioeconomic factors. Cutaneous infections are most common among school-going pediatric patients. The majority of dermatological conditions arising from intrinsic genetic abnormalities also have onset in the pediatric age.

The present study found that school-going children were more vulnerable to pediatric dermatoses, with boys at

higher risk than girls with a ratio of 1.3:1. The majority of children belong to nuclear families. Similarly, other studies have reported a male-female ratio between 1.2:1 to 1.4:1.<sup>6,7</sup> Family health survey (NFHS) data suggest that nuclear families are gradually becoming the predominant form of the Indian family institution, at least in urban areas.<sup>8</sup> The current study revealed that the majority of children belonged to socioeconomic class (Modified Prasad) III, while the majority of children lived in pucca houses with 2 rooms. Similar findings were reported in SRS data, where in urban Gujarat, people living in 2-room and 1-room houses were 34.6% and 50.1%,

respectively, which was against national data of 31.3% and 40%, respectively.<sup>9</sup>

The current study identified 66 types of non-infectious pediatric dermatosis cases among children. Among them, dermatitis was the most common, followed by nutritional dermatoses, pigmentary dermatoses, lichenoid dermatoses, etc. Similar findings were reported by Karthikeyan et al and Jawade et al, while Sacchidanand et al found 20.2% eczema in their study.<sup>7,10,11</sup>

### **Atopic dermatitis**

The present study reported various endogenous and exogenous eczematous dermatoses. Among them, acute eczema was most common (45.9%), followed by atopic dermatitis (20.6%), seborrheic capitis (8%), etc. This relatively high frequency of atopic dermatitis in children may be due to environmental and genetic factors. The diagnosis was done using Hanifin and Rajka's criteria. Nine patients out of 18 had a history of asthma or allergic rhinitis in their mother or father, five patients had multiple episodes to date, eight had winter aggravation, and all patients had dry skin and flexural involvement. Karthikeyan et al and Jawade et al reported a prevalence of dermatitis of 6.8% and 4.3%, respectively.<sup>7,10</sup>

### **Nutritional dermatoses**

In this study, a very high prevalence of nutritional dermatoses was around 15%. Among them, pityriasis alba was most common (57.8%), followed by phrynoderma (25%), acrodermatitis enteropathica (4.7%), cheilitis/stomatitis (4.6%), and protein energy malnutrition (4.6%). Other studies have reported an incidence of nutritional dermatoses of 15.4% to 17.5%.<sup>12</sup>

### **Pigmentary disorder**

In the present study, pigmentary disorders accounted for 13.6% of cases, and most of the children were suffering from vitiligo (61.8%), which was similar to a study conducted by Jawade et al and Hasan et al, Balai et al reported 21 patients with pigmentary disorders out of 1000 patients, with 6 patients having vitiligo.<sup>7,13,14</sup>

### **Hair disorder**

The current study demonstrates only 5.9% of hair disorders, with the most common being alopecia areata (60%), followed by alopecia universalis (12%), tractional alopecia (12%), lichen plano pilaris (8%), trichotillomania (4%), and pityriasis amiantacea (4%). The majority fall in the age group of 6 to 11 years. The further current study found a total of 15 patients with alopecia areata, out of which three patients had nail changes, one had a history of thyroid in her mother, and two patients had a second episode of alopecia areata, while 13 children had patchy type alopecia areata and 2 had ophiasis pattern. However, a study done by Tan et al.

found a prevalence of 3.8% for alopecia areata in their study in Singapore.<sup>15</sup>

### **Urticaria**

The present study identified 20 cases of allergic dermatitis, among them, popular urticaria was the most common (65%). A study done by Ghosh et al. also found popular urticaria among 4% of patients. The fact that most of these children were from rural or semi-urban areas and wore scanty clothing due to climatic conditions and being exposed to insect bites could explain such a high frequency of popular urticaria.<sup>16</sup>

### **Others dermatoses**

The current study reported very few cases of nevi and hemangioma among miscellaneous cases. While Thappa et al found melanocytic nevi in 0.5% of patients and Dogra et al. reported 1.1%.<sup>5</sup> In vascular nevi, hemangioma was the most common and found below 1 year.<sup>10,15</sup> The present study reported 5.6% of papulosquamous disorders, in which psoriasis (2.8%) was most common, followed by pityriasis rosea. A similar result was reported by Sacchidanand et al (6.08%).<sup>11</sup> This study reported bullous disorder in 1.87% of cases, while some studies have reported it in 0.6% to 4.65% of cases.<sup>17,18</sup> Among the keratinization disorders, Palmoplantar keratoderma (2.82%), keratosis pilaris, ichthyosis vulgaris (1.88%), and lamellar ichthyosis (0.94%) were found in the present study, which was comparable to Thappa et al.<sup>2</sup> In the current study, 9.4% of cases were reported as lichenoid disorders, among them, the most common was lichen planus, followed by lichen striatus, lichen nitidus, and lichen spinulosus. Similar findings were reported by Karthikeyan et al and Venkata Subba Reddy et al.<sup>10,18</sup>

### **Limitations**

One limitation of this study is its cross-sectional design, which only provides a snapshot of the socio-demographic profile and disease profile of dermatosis in the pediatric age group. Additionally, the study population was limited to patients from a specific tertiary healthcare hospital in South Gujarat, which may restrict the generalizability of the findings to other populations or settings. Further research involving larger and more diverse populations is crucial to validate and build upon the findings of the cross-sectional study.

### **CONCLUSION**

Pediatric dermatoses have a wide variety of manifestations. They affect mostly school-going boys belonging to socioeconomic class III. Furthermore, atopic dermatitis was the most common type of pediatric dermatosis among children. Early diagnosis and treatment are very useful for preventing pediatric dermatoses from becoming a major public health problem.



*Funding: No funding sources*

*Conflict of interest: None declared*

*Ethical approval: The study was approved by the Institutional Ethics Committee*

## REFERENCES

1. Federman DG, Reid MC, Feldman SR, Greenhoe J, Kirsner RS. The primary care provider and the care of skin disease: the patient's perspective. *Arch Dermatol*. 2001;137(1):25-9.
2. Thappa DM. Common skin problems. *Indian J Pediatr*. 2002;69:701-6.
3. Jain N, Khandpur S. Pediatric dermatoses in India. *Indian J Dermatol Venereol Leprol*. 2010;76:451.
4. Sharma NL, Sharma RC. Prevalence of dermatologic diseases in school children of a high altitude tribunal area of Himachal Pradesh. *Indian J Dermatol Venereol Leprol*. 1990;56:375.
5. Dogra S, Kumar B. Epidemiology of skin diseases in school children: a study from northern India. *Pediatr Dermatol*. 2003;20(6):470-3.
6. Poudyal Y, Ranjit A, Pathak S, Chaudhary N. Pattern of pediatric dermatoses in a tertiary care hospital of Western Nepal. *Dermatol Res Pract*. 2016;2016.
7. Jawade SA, Chugh VS, Gohil SK, Mistry AS, Umrigar DD. A clinical-etiological study of dermatoses in pediatric age group in tertiary health care center in South Gujarat region. *Indian J Dermatol*. 2015;60(6):635.
8. Arnold F, Parasuraman S, Arokiasamy P, Kothari M. National Family Health Survey (NFHS-3) India 2005-06. Mumbai Int Inst Popul Sci Minist Heal Fam Welfare, Gov India. 2009.
9. Counterview. Rural Gujarat has one of the lowest proportions of pucca houses, the majority "live" in one or two-room dwellings. Available at: <https://www.counterview.net/2016/07/rural-gujarat-has-one-of-lowest.html>. Accessed on 05 July, 2023.
10. Karthikeyan K, Thappa DM, Jeevankumar B. Pattern of pediatric dermatoses in a referral center in South India. *Indian Pediatr*. 2004;41(4):373-6.
11. Sacchidanand S, Sahana MS, Asha GS, Shilpa K. Pattern of pediatric dermatoses at a referral centre. *Indian J Pediatr*. 2014;81:375-80.
12. Bisht JS, Rana SK, Kumari N, Aggarwal B, Mehta A, Singh R. Pattern of dermatoses in preschool children in a teaching hospital in Uttarakhand, India. *Indian J Paediatr Dermatol*. 2015;16(4):198-202.
13. Hassan I, Ahmad K, Yaseen A. Pattern of pediatric dermatoses in Kashmir valley: A study from a tertiary care center. *Indian J Dermatol Venereol Leprol*. 2014;80:448.
14. Balai M, Khare AK, Gupta LK, Mittal A, Kuldeep CM. The pattern of pediatric dermatoses in a tertiary care center of South West Rajasthan. *Indian J Dermatol*. 2012;57(4):275.
15. Tan E, Tay Y, Goh C, Chin Giam Y. The pattern and profile of alopecia areata in Singapore—a study of 219 Asians. *Int J Dermatol*. 2002;41(11):748-53.
16. Ghosh SK, Saha DK, Roy AK. A clinical-etiological study of dermatoses in pediatric age group. *Indian J Dermatol*. 1995;40(01):29.
17. Sarkar R, Bansal S, Garg VK. Epidermolysis bullosa: Where do we stand? *Indian J Dermatol Venereol Leprol*. 2011;77:431.
18. Reddy VS, Anoop T, Ajayakumar S, Bindurani S, Rajiv S, Bifi J. Study of the clinical spectrum of pediatric dermatoses in patients attending a Tertiary Care Center in North Kerala. *Indian J Paediatr Dermatol*. 2016;17(4):267-72.

**Cite this article as:** Jadav NB, Vaghela NN, Patel KB, Patel YU, Parmar BV, Umarigar DD. A cross-sectional study to document socio-demographic profile and disease profile of dermatosis in pediatric age group. *Int J Community Med Public Health* 2023;10:3567-72.