World Journal of Advanced Research and Reviews
eISSN: 2581-9615 CODEN (USA): WJARAI
Cross Ref DOI: 10.30574/wjarr
Journal homepage: https://wjarr.com/

(RESEARCH ARTICLE)

FACTORS ASSOCIATED WITH INFANTIL DERMATOSES IN THE DERMATOLOGY DEPARTMENT OF THE LIBREVILLE UNIVERSITY HOSPITAL CENTER

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World Journal of Advanced Research and Reviews, 2026, 32(02), 074–083

Publication history: Received on 07 September 2026; revised on 30 October 2026; accepted on 02 November 2026

Article DOI: https://doi.org/10.30574/wjarr.2026.32.2.2796

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ABSTRACT

Introduction: Childhood skin conditions are a common reason for dermatological consultations. The occurrence of these conditions depends on several factors. We conducted this study to identify the factors associated with childhood skin conditions.

Materials and methods: This was a retrospective, descriptive, and analytical study based on the medical records of children who were seen in the dermatology department during the period from January 1, 2024, to December 31, 2024. We used EpiInfo version 7.2 to analyze correlations between variables.

Results: The prevalence of childhood skin diseases is 14.73%. We observed a predominance of females at 52.37% (n=266), with a sex ratio (M/F) of 0.90. Gender was not significantly associated with childhood skin diseases, with an OR of 1.23 (0.76–1.98) and a p-value of 0.4. Our pediatric population had a mean age of 6.5 years ± 4.4 years, ranging from 6 months to 15 years. The most represented age group in our study was those ≤ 5 years of age (48.02%), which was statistically significant for developing impetigo (p=0.009) and scabies (p=0.026). The 11–15-year-old age group showed a statistically significant association with the development of acne (p = 0.001). Children living in Libreville were the most represented group, accounting for 71.54% (n=362), and were statistically more likely to develop a skin condition, with a p-value of 0.006, compared to those from the interior of the country. Place of residence in our study was not statistically significant for the development of childhood dermatosis (OR = 1.19 and p-value > 0.05). Among allergic skin conditions, atopic dermatitis was the most common, affecting 6.72% (n=33) of children aged ≤5 years—representing 63% of this group—and was statistically associated with place of residence (p-value = 0.006).

Conclusion: The factors associated with the most common childhood skin conditions are age, sex, and place of residence. Preventive measures may help reduce the prevalence of certain skin conditions.

Keywords: Associated Factors, Childhood Skin Conditions, Dermatology, CHUL.

1 INTRODUCTION

The skin is the body's most important organ and the largest organ in the human body. It has several functions: acting as a physical barrier, regulating body temperature, performing metabolic functions, and serving as a sensory and exchange organ. It consists of three layers: the epidermis, the dermis, and the hypodermis. [1]. However, several factors can disrupt these functions and lead to skin conditions known as dermatoses. These dermatoses represent a significant public health problem in developing countries. [2,3]. They can be acute or chronic. Their causes may include infection, tumors, autoimmune disorders, inflammation, or medication. [4,5]. They affect all layers of the skin and occur in both children and adults. According to the World Health Organization (WHO), the pediatric age range extends from birth through the end of adolescence, with adolescence explicitly defined as the period between 10 and 19 years of age. [6]. In the United States (U.S.), the prevalence of childhood skin diseases ranges from 10% to 30%, particularly in Europe, France, and Spain, where they account for 10% and 12.1%, respectively. [4]. In Asia, particularly in India and Singapore, the prevalence of childhood skin diseases is 9% and 12.4%, respectively. [4].

In the Maghreb, particularly in Morocco, the prevalence was 16%. In West Africa—in Togo, Mali, and Niger—it ranges from 17% to 50.33%. [4,5]. In the Democratic Republic of the Congo (DRC), childhood skin diseases accounted for 2.46% of cases in the pediatric ward. [7]. A study in Gabon examining the epidemiological aspects of childhood skin diseases in rural areas found a prevalence of 16.5%. [8]. Several studies focused on specific childhood skin diseases, while others were conducted in outpatient settings. [9,10]. It is in this context that we conducted our study, the overall objective of which was to identify the factors associated with the dermatology department at the Libreville Hospital Center.

2 MATERIALS AND METHODS

This was a retrospective, descriptive, and analytical study conducted in the dermatology department of the Libreville University Hospital from January 1, 2024, to December 31, 2024. The variables studied included sociodemographic data (age, sex, place of residence), medical history (atopy, allergies, family history), reason for consultation, type of dermatosis, duration of symptoms, location of lesions, and prescribed treatment. We used a well-established questionnaire written in French to collect data on the children, which was derived from patient records and consultation registries. The study included all children who consulted the dermatology department at the Libreville University Hospital during the study period, had a well-established diagnosis, and were listed in the consultation registries and/or had a medical record. Children were aged between 0 and 17 years. Data were collected using a well-established questionnaire. The software used for data analysis was EpiInfo version 7.2. We used this software to perform a descriptive analysis of qualitative variables expressed as percentages and quantitative variables expressed as means and standard deviations. It also enabled us to conduct an analytical analysis to compare and demonstrate the association between the variables studied and the occurrence of childhood skin diseases; for this, we used the chi-square test with a p-value < 0.05. The data were then entered and presented in tables and figures created using Microsoft Word 2013 and Excel 2013. Authorization was obtained from the Director General of the Libreville University Hospital Center (CHUL) and the head of the dermatology department at CHUL. The children's data were collected in accordance with confidentiality and anonymity requirements.

3 RESULTS

The prevalence of childhood skin diseases is 14.73%. We observed a predominance of females at 52.37% (n=266), with a sex ratio (M/F) of 0.90. Gender was not significantly associated with childhood skin diseases, with an OR of 1.23 (0.76–1.98) and a p-value of 0.4. Our pediatric population had a mean age of 6.5 years ± 4.4 years, ranging from 6 months to 15 years. The most represented age group in our study was children ≤ 5 years of age (48.02%), which was statistically significant for developing impetigo (p = 0.009) and scabies (p = 0.026). The 11–15-year-old age group showed a statistically significant association with the development of acne (p = 0.001). Children living in Libreville were the most represented group, accounting for 71.54% (n=362), and were statistically significantly more likely to develop a skin condition, with a p-value of 0.006, compared to those from the interior of the country. Place of residence in our study was not statistically significant in relation to the development of childhood dermatosis (OR = 1.19 and p-value > 0.05). The most common medical histories in our study were dominated by atopic dermatitis at 6.1% (n=31), followed by asthma at 3.8% (n=19) and allergic rhinitis at 2.96% (n=15). Also, children with no history of atopy or atopic dermatitis were more likely to develop AD (p-value = 0.0001) and prurigo (p-value = 0.012). In multivariate analysis, these results showed no statistically significant association with the development of dermatosis (OR = 1.64, p-value > 0.05). Inflammatory dermatoses were dominated by contact eczema at 19.97%, followed by prurigo at 9.49% (n = 48). The

association between eczema and the other variables studied was not statistically significant (p-value = 0.093). Among allergic skin conditions, atopic dermatitis was the most common, accounting for 6.72% (n = 33) of cases, with 63% of these occurring in children aged ≤ 5 years; it was statistically associated with place of residence (p-value = 0.006). Autoimmune skin diseases accounted for 3.16% (n = 16), followed by dermatitis herpetiformis at 0.40% (n = 2). Vitiligo affects all genders (p-value = 0.063) and all age groups (p-value = 0.4).

Table 1: Distribution of patients according to the type of dermatoses

Types of dermatoses	Number of employees (n=506)	Percentages (%)
Infectious Dermatoses	237	46.84
Inflammatory dermatoses	188	37.15
Allergic dermatoses	43	8.50
Autoimmune dermatoses	18	3.56
Tumor dermatoses	11	2.17
Geno-dermatoses	3	0.59
Other dermatoses	6	1.19

Table 2: Distribution of children according to the etiologies of infectious dermatoses

Infectious dermatoses	Number of employees (n=506)	Percentages (%)
Parasitic		
Scabies	89	17.59
Pediculosis	1	0.20
Fungal		
Ringworm	27	5.34
Pityriasis versicolor	25	4.94
Dermatophytia	17	3.36
Onychomycosis	2	0.40
Bacterial		
Impetigo	35	6.92
Abscess	7	1.38
Folliculitis	5	0.99
Dermohypodermitis	4	0.79
Viral		
Hand, foot and mouth syndrome	5	0.99
Varicella	5	0.99
Herpes	4	0.79
Molluscum contagiosum	3	0.59
Shingles	3	0.59
Wart	2	0.40
Aphthosis	1	0.20

Table 3: Distribution of children according to sex and most frequent dermatoses

Common dermatoses	Female (N = 264)	Male (N = 242)	p-value
Vitiligo	75% (12/16)	25% (4/16)	0.063
Acne	63% (10/16)	38% (6/16)	0.4
DA	58% (18/31)	42% (13/31)	0.5
Pityriasis versicolor	57% (13/23)	43% (10/23)	0.7
Prurigo	52% (25/48)	48% (23/48)	0.9
Dermatophytia	50% (7/14)	50% (7/14)	0.9
Eczema	49% (50/102)	51% (52/102)	0.5
Impetigo	47% (16/34)	53% (18/34)	0.5
Scabies	47% (41/87)	53% (46/87)	0.3
Ringworm	41% (11/27)	59% (16/27)	0.2

Table 4: Distribution of children according to age and most frequent dermatoses

Common dermatoses	≤5AnsN = 2441	6 Years - 10 Years N = 1491	11 Years - 15 Years N = 1121	p-value2
Vitiligo	31% (5/16)	38% (6/16)	31% (5/16)	0.4
Ringworm	37% (10/27)	48% (13/27)	15% (4/27)	0.090
Prurigo	60% (29/48)	21% (10/48)	19% (9/48)	0.2
Pityriasis versicolor	39% (9/23)	26% (6/23)	35% (8/23)	0.3
Impetigo	74% (25/34)	18% (6/34)	8.8% (3/34)	0.009
Scabies	60% (52/87)	28% (24/87)	13% (11/87)	0.026
Eczema	39% (40/102)	33% (34/102)	27% (28/102)	0.11
Acne	19% (3/16)	13% (2/16)	69% (11/16)	0.001
Atopic dermatitis	63% (19/30)	27% (8/30)	10% (3/30)	0.2
Dermatophytia	21% (3/14)	36% (5/14)	43% (6/14)	0.058

Table 5: Distribution of children according to medical history and most frequent dermatoses

Common dermatoses	Asthma N = 11	Asthma + atopy N = 4	Asthma + rhinitis N = 2	Asthma +rhinitis +atopy N = 2	AtopieN = 27	NoneN = 445	Rhinitis N = 10	Sinusitis N = 5	*p-value*
Vitiligo	0% (0/16)	0% (0/16)	0% (0/16)	0% (0/16)	0% (0/16)	100% (16/16)	0% (0/16)	0% (0/16)	*0.9*
Ringworm	0% (0/27)	0% (0/27)	0% (0/27)	0% (0/27)	0% (0/27)	100% (27/27)	0% (0/27)	0% (0/27)	*0.8*
Prurigo	2.1% (1/48)	4.2% (2/48)	2.1% (1/48)	2.1% (1/48)	6% (6/48)	77% (37/48)	4.2% (2/48)	2.1% (1/48)	*0.012*
Pityrias versicolor	0% (0/23)	0% (0/23)	0% (0/23)	0% (0/23)	0% (0/23)	100% (23/23)	0% (0/23)	0% (0/23)	*0.9*

Impetigo	0% (0/34)	0% (0/34)	0% (0/34)	0% (0/34)	2.9% (1/34)	97% (33/34)	0% (0/34)	0% (0/34)	*0.9*
Scabies	2.3% (2/87)	0% (0/87)	0% (0/87)	0% (0/87)	1.1% (1/87)	93% (81/87)	2.3% (2/87)	1.1% (1/87)	*0.6*
Eczema	1.0% (1/102)	1.0% (1/102)	0% (0/102)	0% (0/102)	12% (12/102)	85% (87/102)	1.0% (1/102)	0% (0/102)	*0.093*
Acne	0% (0/16)	0% (0/16)	0% (0/16)	0% (0/16)	6.3% (1/16)	94% (15/16)	0% (0/16)	0% (0/16)	*0.9*
DA	6.5% (2/31)	3.2% (1/31)	3.2% (1/31)	3.2% (1/31)	23% (7/31)	48% (15/31)	9.7% (3/31)	3.2% (1/31)	*0.001*
Dermatophyte	0% (0/14)	0% (0/14)	0% (0/14)	0% (0/14)	7.1% (1/14)	93% (13/14)	0% (0/14)	0% (0/14)	*0.8*

Table 6: Distribution of children according to place of residence and most frequent skin conditions

Common dermatoses	**AkandaN = 91**	**Libreville N = 361**	**OwendoN = 34**	***p-value2***
Vitiligo	13% (2/15)	80% (12/15)	6.7% (1/15)	*0.9*
Ringworm	26% (7/27)	70% (19/27)	3.7% (1/27)	*0.6*
Prurigo	22% (10/45)	73% (33/45)	4.4% (2/45)	*0.7*
Pityriasis versicolor	4.3% (1/23)	87% (20/23)	8.7% (2/23)	*0.2*
Impetigo	13% (4/31)	74% (23/31)	13% (4/31)	*0.3*
Scabies	15% (13/86)	78% (67/86)	7.0% (6/86)	*0.6*
Eczema	15% (15/97)	79% (77/97)	5.2% (5/97)	*0.4*
Acne	20% (3/15)	67% (10/15)	13% (2/15)	*0.4*
Atopic dermatitis	40% (12/30)	50% (15/30)	10% (3/30)	*0.006*
Dermatophytia	14% (2/14)	86% (12/14)	0% (0/14)	*0.7*

Table 7: Distribution of children according to sex and most frequent dermatoses

Most common dermatoses and sex	**Multivariate regression**		
	GOLD	95% CI	*p-value*
Pityriasis versicolor	—	—	—
Women			
Male	0.79	0.33-1.82	*0.6*
Scabies			
Women	—	—	—
Male	1.23	0.76-1.98	*0.4*
Eczema			
Women	—	—	—
Male	1.23	0.76,-1.98	*0.4*
Prurigo			
Women	—	—	—

Male	1.23	0.76,-1.98	*0.4*
Impetigo			
Women	—	—	—
Male	1.27	0.79-2.04	*0.3*
DA			
Women	—	—	—
Male	1.23	0.76-1.98	*0.4*
Vitiligo			
Women	—	—	—
Male	1.27	0.79-2.04	*0.3*

Table 8: Distribution of children according to age and most frequent skin conditions

Most common dermatoses and age groups	**Multivariate regression**		
	GOLD	95% CI	*p-value*
Versicolor			
≤5 years	0.92	0.32- 2.82	*0.9*
6-10 years old	—	—	—
11-15 years old	2.00	0.70- 6.17	*0.2*
Scabies			
≤5 years	1.48	0.87- 2.61	*0.2*
6-10 years old	—	—	—
11-15 years old	0.60	0.27-1.27	*0.2*
Eczema			
≤5 years	1.48	0.87-2.61	*0.2*
6-10 years old	—	—	—
11-15 years old	0.60	0.27-1.27	*0.2*
Prurigo			
≤5 years	1.48	0.87-2.61	*0.2*
6-10 years old			
11-15 years old	0.60	0.27- 1.27	*0.2*
Impetigo			
≤5 years	1.54	0.90- 2.69	*0.12*
6-10 years old	—	—	—
11-15 years old	0.59	0.27- 1.26	*0.2*
DA			
≤5 years	1.48	0.87- 2.61	*0.2*
6-10 years old	—	—	—
11-15 years old	0.60	0.27-1.27	*0.2*
Vitiligo			

≤5 years	1.54	0.90-2.69	*0.12*
6-10 years old	—	—	—
11-15 years old	0.59	0.27-1.26	*0.2*

4 DISCUSSION

4.1 The Prevalence of Pediatric Skin Diseases

In our study, pediatric skin diseases accounted for 14.73% of patient visits to the dermatology department at the Libreville University Hospital Center during 2024. Iftin O et al. in Senegal and Téclessou J et al. in Togo found comparable prevalence rates in their studies, at 14.2% and 19%, respectively [5,7,11]. In the United States, prevalence rates can reach as high as 30%. In Mali, the rate is 31.51% [2,5]. Furthermore, in Europe, Asia, and certain African countries such as Morocco and Niger, lower prevalence rates can range from 3.29% to 12% [4,5,12–14]. These varying results can be explained by the duration of each study and the number of children enrolled.

4.2 Gender and Childhood Skin Diseases

We observed a female predominance of 52.37% (n=266) with a sex ratio (M/F) of 0.90. This female predominance was also observed by Iftin O et al. in Senegal and by Traoré F et al. in Burkina Faso, with 56.35% (n=173) and a sex ratio (M/F) of 0.77, and 55% (n=55) with a sex ratio (M/F) of 0.81. [5,15]. In contrast, studies by Fofana Y et al. and Roushan J found a male predominance, specifically 55.10% (n=2,838) with a sex ratio of 1.22 and 59.53% (n=4,574) with a sex ratio of 1.47, respectively. [2,16]. This even distribution between the two sexes indicates that gender is not often a major factor in the onset of a dermatological condition, as both sexes are exposed to the same environmental, genetic, and hormonal factors. [12,17].

Similarly, in our study, sex was not significantly associated with childhood skin diseases, with an OR of 1.23 (0.76–1.98) and a p-value of 0.4; this result is consistent with that of Ndiaye D et al. [18]. This explains why there is no significant association between gender and the skin conditions identified in our study.

4.3 Age Group and Dermatoses in Children

Our pediatric population had a mean age of 6.5 years ± 4.4 years, ranging from 6 months to 15 years. This age is more or less similar to that reported by Iftin O et al. in Senegal, Semikenke S et al. in the DRC (4.89 years), and Imane O et al. in Morocco (4.65 years). [5,12,19]. Furthermore, Harouna M et al. in Niger and Miotto I et al. in Brazil report, in their respective studies, a mean age greater than 8 years ± 1.25 and 9.7 years, respectively. [13,14]. The most represented age group in our study is that of ≤ 5 years, accounting for 48.02%, and this group is statistically significant for developing impetigo (p=0.009) and scabies (p=0.026). Similarly, Harouna M et al. in Niger report this result (49.5%). [13]. These similarities across various studies can be explained by several physiological, immunological, and behavioral factors specific to children in this age group. The 11- to 15-year-old age group in our study was statistically significant for the development of acne (p=0.001). This is explained by the fact that at this age, there is increased production of androgens (male hormones), particularly testosterone and dihydrotestosterone (DHT). [20].

4.4 Place of Residence and Childhood Skin Diseases

Children living in Libreville were the most numerous, accounting for 71.54% (n=362), and were found to have a statistically significant association with developing a skin disease (p-value = 0.006) compared to those from the interior of the country. This result is consistent with those of Iftin O et al. and Kouotou EA et al., who found that 89.90% and 98.2%, respectively, of skin conditions occurred among children living in urban areas [5,21]. Similarly, in Lomé, Téclessou J et al. demonstrated that urbanization alters the profile of skin conditions among children. [12]. This can be explained by sociodemographic, environmental, and behavioral factors. [22,23]. Urban environments are very often associated with sedentary lifestyles, which can lead to the transmission of dermatological conditions—particularly infectious ones—observed in children. [24,25]. Although, in multivariate analysis, place of residence in our study was not statistically significant for the development of childhood skin conditions (OR = 1.19 and p-value > 0.05), it remains associated with the occurrence of certain skin conditions in children.

4.5 Medical History and Childhood Skin Conditions

The most common medical histories in our study were atopic dermatitis at 6.1% (n=31), followed by asthma at 3.8% (n=19) and allergic rhinitis at 2.96% (n=15). Furthermore, children with no history of atopy or atopic dermatitis are more likely to develop AD (p-value = 0.0001) and prurigo (p-value = 0.012). This finding contrasts with data reported in recent literature by Pareek A et al., Wei L et al., Bao A et al., and Treki R et al., which show an association between atopic predisposition and the onset of AD and prurigo [23,25–27]. This difference may be explained by the fact that the

majority of the records collected in our study do not provide information on family and personal history of atopy. This may also be explained by the interplay between individual predisposition and the immunological profile, which, when interacting with the environment, leads to the onset of dermatoses. [23–27]. In multivariate analysis, these results showed no statistically significant association with the development of dermatosis (OR = 1.64 and a p-value > 0.05).

5 OTHER FACTORS ASSOCIATED WITH THE MOST COMMON SKIN DISEASES BY CATEGORY

5.1 Inflammatory skin diseases in children

Among inflammatory skin diseases, contact eczema accounted for 19.97% of cases (n=101) and prurigo accounted for 9.49% of cases (n=48). The study by Téclessou J et al. found a higher prevalence of eczema at 26.6%, while Iftin O et al. reported a lower prevalence of eczema than ours, at 4.56%. [5,11]. In our study, the association between eczema and the other variables examined was not statistically significant, with a p-value of 0.093. This may be explained by the fact that we did not find many cases of atopy in our study.

5.2 Allergic skin conditions in children

Among allergic skin conditions, atopic dermatitis is the most common, affecting 6.5% (n=33) of children aged ≤ 5 years—or 63%—and is statistically associated with place of residence (p-value = 0.006). This finding is also reported by Ilic I et al. and Oninla O et al., who show that atopic dermatitis affects a significant proportion of children, with prevalence rates varying significantly by region [17,28]. We can explain this by lifestyle factors, increased exposure to allergens, and air pollution, which promote skin inflammation and increase the incidence of atopic dermatitis [29–31].

5.3 Autoimmune skin diseases in children

Regarding autoimmune skin diseases, in our study vitiligo accounted for 3.16% of cases (n=16), followed by dermatitis herpetiformis at 0.40% (n=2). Vitiligo is a disease that affects both sexes (p-value=0.063) and all age groups (p-value=0.4). Girls are the most affected, accounting for 75%. Similar studies conducted by Mahha F E, Seck B et al., Lahlou A et al., and Haya AL et al. found the same female predominance, at 60%, 80%, 67.74%, and 63.5%, respectively [32–35]. In contrast, Morales-Sanchez et al. found a male predominance of 50.2% [36]. This may be explained by the sample size of the studies conducted and by systemic diseases that affect both female and male patients.

6 CONCLUSION

Pediatric dermatology consultations remain common. The onset of these childhood skin conditions is most often triggered by infections, particularly parasitic infections such as scabies. Other skin conditions are also encountered, notably inflammatory conditions such as eczema. Factors associated with childhood skin conditions include age, certain medical histories, and place of residence. These findings underscore the need to strengthen awareness and prevention efforts among families in order to improve hygiene conditions and facilitate the early detection of certain skin conditions.

STATEMENTS ON COMPLIANCE WITH ETHICAL STANDARDS

Acknowledgments

We would like to thank the dermatology team at the Libreville University Hospital and the Department of Medicine and Medical Specialties at the University of Health Sciences.

Disclosure of conflict of interest

The authors declare no conflicts of interest regarding this manuscript.

Statement of ethical approval

Authorization from the Director General of the Libreville University Hospital was obtained prior to conducting this study.

Statement of informed consent

The guardians of the children who participated in this study provided their informed consent. Data were collected anonymously and with respect for patient dignity.

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