

## Incidence of Skin Disorders in Iraqi Infants and Children

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### Abstract

A total of 500 patients was seen. Their ages ranged 0-16 years, with a mean of 8.5 years. The sexes were almost equal.

Among cases of infections and infestations scabies was found a major problem accounted for (25.6%), followed by impetigo (16.4%), then superficial fungal infections of skin (8.2%), pediculosis capitis (5.6%), Baghdad boils (3.2%), viral warts (2.6%), chicken pox (1.8%), furunculosis and folliculitis (1.6%), intertrigo (1%), *H. simplex* and *H. zoster* (0.6%), acute paronychia (0.4%), SSSS (0.2%) and molluscum contagiosum (0.2%).

Eczema and dermatitis were also noted a common problem accounted for (11.6%) of the cases and these were; atopic dermatitis (5.8%), pityriasis alba (2.6%), discoid eczema (1.6%), seborrheic dermatitis (0.6%), infective dermatitis (0.6%), contact dermatitis (0.2%) and pompholyx (0.2%).

Psoriasis (4.6%), napkin rash (4%), alopecia areata (3.6%), chilblain (2%), post-febrile desquama-

tion (1.8%), acne vulgaris (1.2%), pityriasis rosea (1.2%), urticaria (1%), vitiligo (0.8%), erythema multiforme (0.8%) were also found to be common diseases among infants and children.

To conclude this study it was found that infections and infestations were the major problem in this country and this is contrary to that have been seen in some developed countries where eczema and dermatitis was the counted disease.

### Introduction

Skin diseases are common among infants and children. But the incidence of each skin problem may differ in different countries depending on many factors. Unfortunately the actual incidence of skin diseases are lacking in this country. So this study was arranged to get some ideas about these skin diseases in out-patient clinic-Department of Dermatology and Venereology. Medical city Teaching Hospital, Baghdad and this will reflect at least partially the problem in the whole country.

### Patients and methods

A total of five hundred children of different ages and sexes was seen

randomly in the out-patient Clinic-Department of Dermatology and Venereology Medical City Teaching Hospital, Baghdad. They were all carefully examined and assisted to reach a full clinical diagnosis. Investigations; when it was necessary were done like scraping for fungus and mite extraction to establish a final diagnosis.

## Results

The results of this study might not reflect the incidence of all skin problems mainly because this project was performed in two months, in winter time. So it does not reflect seasonal variations of skin diseases.

A total of 500 cases was seen. Their ages ranged 0-16 years, with a mean of 5.8 years.

The male and female sexes were almost equally involved. Various skin problems were seen among these infants and children (table 1).

The major ones were infection and infestation (68%) and eczema and dermatitis (11.6%). Regarding infections and infestations (table 2,3) these were mainly.

## Scabies

Scabies seen to be a major problem as it accounted for (25.6%) of the total cases, age ranged 0-16 years with a mean of 5 years. Regarding the clinical picture it was not much different from what has

been reported. In almost all the cases burrows were seen and mites could be extracted. The inflammatory reaction was variable in different patients. Some of them had vesicles and impetigo like picture mainly on hands and feet in addition to presence of burrows while the others had mainly burrows without any inflammatory reaction. So one could divide these types into wet and dry scabies. In neglected cases these children had a picture of atopic or seborrhoeic dermatitis.

Many cases were seen misdiagnosed for these dermatitis for many months. Involvement of the axilla with papules and nodules which were dusky, indented and erythematous in colour. These nodules also might be seen on the trunk. The resolution of these papules and nodules take months even after successful treatment of scabies. Involvement of genitalia in male is also one of the predilection area that often help in the diagnosis in suspected cases. Involvement of the scalp and face with erythematous rash was also noticed in many patients.

## Impetigo

Impetigo also seems to be a major problem as it accounted for 16.4% of the total cases. Age ranged 0-8 years, with a mean of 5 yrs. more in girls than boys. Regarding the clinical picture it was not much different from what has been reported.

Table -1- Age and sex distribution of skin diseases of infants and children.

Diseases in order of Frequency	Age distribution in years (%)				Sex distribution			%With scabies	%Without scabies
	0-4	4-8	8-12	12-16	male	female	Total		
1 Infection and Infestation	151(30.2)	90(18.0)	75(15.0)	24(4.8)	155(31.0)	185(37.0)	340	68.0	57.0
2 Eczema and dermatitis	38(7.6)	12(2.4)	4(0.8)	4(0.8)	38(7.6)	20(4.0)	58	11.6	15.5
3 Psoriasis	9(1.8)	9(1.8)	4(0.8)	1(0.2)	10(2.0)	13(2.6)	23	4.6	6.1
4 Napkin rash	20(4.0)	7(1.4)	5(1.0)	2(0.4)	14(2.8)	6(1.2)	20	4.0	5.3
5 Alopecia areat	4(0.8)	1(0.2)	5(1.0)	2(0.4)	2(0.4)	12(2.4)	18	3.6	4.8
6 Chilbain	4(0.8)	3(0.6)	5(1.0)	2(0.4)	8(1.6)	8(1.6)	10	2.0	2.6
7 Post febrile desequamation	4(0.8)	3(0.6)	3(0.6)	3(0.6)	8(1.6)	1(0.2)	9	1.8	2.4
8 Ance vulgaris	5(1.0)	1(0.2)	3(0.6)	1(0.2)	1(0.2)	5(1.0)	6	1.2	1.6
9 Pityriasis rosea	5(1.0)	2(0.4)	2(0.4)	1(0.2)	2(0.4)	4(0.8)	6	1.2	1.6
10 Urtiaria	3(0.6)	2(0.4)	2(0.4)	1(0.2)	4(0.8)	1(0.2)	5	1.0	1.3
11 Xerosis	3(0.6)	2(0.4)	2(0.4)	1(0.2)	2(0.4)	3(0.6)	5	1.0	1.3
12 Erythema multiformi	2(0.4)	1(0.2)	1(0.2)	2(0.4)	3(0.6)	1(0.2)	4	0.8	1.0
13 Vitiligo	3(0.6)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	3(0.6)	4	0.8	1.0
14 Portmine marke	1(0.2)	1(0.2)	2(0.4)	1(0.2)	1(0.2)	2(0.4)	3	0.6	0.8
15 Perioral dermatitis and pigmentation	2(0.4)	2(0.4)	2(0.4)	2(0.4)	1(0.2)	2(0.4)	3	0.6	0.8
16 Drug rash	2(0.4)	2(0.4)	2(0.4)	2(0.4)	1(0.2)	1(0.2)	2	0.4	0.5
17 Naevus Chronicus	2(0.4)	2(0.4)	2(0.4)	2(0.4)	1(0.2)	1(0.2)	2	0.4	0.5
18 Salmon patch	2(0.4)	2(0.4)	2(0.4)	2(0.4)	1(0.2)	1(0.2)	2	0.4	0.5
19 Epidermolysis bullosa	2(0.4)	2(0.4)	2(0.4)	2(0.4)	2(0.4)	1(0.2)	2	0.4	0.5
20 Ichthyosis	2(0.4)	2(0.4)	2(0.4)	2(0.4)	1(0.4)	1(0.2)	2	0.4	0.5
21 Benigo bullous dermatosis of child-hood	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1	0.2	0.2
22 Trichotillomania	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1	0.2	0.2
23 Prurigo	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1	0.2	0.2
24 Capillary haemangioma	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1	0.2	0.2
25 Miliaria	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1	0.2	0.2
26 Papular urticaria	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1	0.2	0.2
27 Morbiliform erythema	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1	0.2	0.2
28 Lichen planus	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1	0.2	0.2
29 Henoch-schonolen purpura	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1	0.2	0.2
30 Naevoid hyperpigmentation	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1(0.2)	1	0.2	0.2

Table -2- Infection and infestation of infants and children.

Type	Frequency	%340	%500
Scabies	128	37.6	25.6
Impetigo	82	24.1	16.4
Superficial Fungal infection	41	12.05	8.2
Pediculosis capitis	28	8.2	5.6
Cutaneous Leishmaniasis	16	4.8	3.2
Viral warts	13	3.8	2.6
Chichen pox	9	2.6	1.8
Furunclosis and Folliculitis	8	2.2	1.6
Intertrigo	5	1.4	1.0
Herps simplex	3	0.8	0.6
Herps zoster	3	0.8	0.6
acute Paronychia	2	0.5	0.4
SSSS	1	0.2	0.2
Molloscum contagiosum	1	0.2	0.2

Table -3- Infections and infestations in the absence of scabies

Type	Frequency	% 212	% 372
Impetigo	82	38.67	22.04
Superficial Fungal infection	41	19.33	11.02
Pediculosis capitis	28	13.2	7.5
Cutaneous Leishmaniasis	16	7.5	4.3
Viral warts	13	6.1	3.4
Chicken pox	9	4.2	2.4
Furunculosis and folliculitis	8	3.7	2.1
Herps simplex	3	1.4	0.8
Herps zoster	3	1.4	0.8
Acute Paronychia	2	0.9	0.5
SSSS	1	0.4	0.2
Molloscum contagiosum	1	0.4	0.2

Table -4- Common superficial fungal infection of infants and children.

Types	Frequency	% of 41 cases	% of 500 cases
T. capitis	15	36.58	3.0
T. circinata	15	36.58	3.0
T. fasci	6	14.63	1.2
T. versicolor	3	7.36	0.6
T. pedis	2	4.87	0.4
Total	41		8.2

Table -5-Eczema and dermatitis of infants and children.

Types	No.of cases	% of 58 cases	% of 500 cases
Atopic dermatitis	29	50.0	5.8
Pityriasis alba	13	22.4	2.6
Discoid eczema	8	13.7	1.6
Seborrhic dermatitis	3	5.1	0.6
Infective dermatitis	3	5.1	0.6
Contact dermatitis	1	1.7	0.2
Pompholyx	1	1.7	0.2
Total	58		11.6

### Superficial fungal infections

Superficial fungal infections were found to be common (8.2%), (table 4). The ages of patients ranged 0-16 years, with a mean of 6.2 yrs., and more of males than females were involved. The infections were mainly.

*T. capititis* 36.5%, *T. circinata* 36.5%, *T. fascii* 14.6%, *T. versicolor* 7.3%, *T. pedis* 4.8% out of 41 cases of superficial fungal infections of skin. *T. capititis* was generally either scaly type with or without hair loss or in the form of kerion. *T. versicolor* was found in 3 cases only and it was seen in patients above the age 10 years. Similarly *T. pedis* was observed in children above the age of 10 yrs.

### Pediculosis Capitis

*Pediculosis capitis* accounted for 5.6% of the total cases in this study. Their ages ranged 0-16 yrs. with a mean of 6.5 yrs. Girls were affected more than boys. Usually these children attended hospital mainly because of itching especially of the occipital area or pyoderma of the scalp and rarely did they come for *pediculosis capitis* as such. *Impetigo capitis* accounted for 5.6% of the cases.

### Baghdad Boils

Cutaneous leishmaniasis was found to be an important problem among infectious skin problems (3.2%) in children. Ages ranged 0-12 yrs. with a mean of 7.6 yrs. usually found on exposed parts mainly the

face, hands and feet. They were usually multiple, and in some children, there might be more than 10 lesions. These boils were either ulcerative, crusted wet form similar to impetigo and ecthyma or in form of dry papules, nodules or plaques. In many cases in addition to primary skin lesion there were smaller red papules as satellite around the boil. Still in few other cases, multiple subcutaneous nodules could be seen along the lymphatics of forearm along the lymph drainage of the primary lesion. The duration of lesion was ranged 2 weeks to 4 months with a mean of 2 months. The treatment of this condition in this country is either by sodium stibogluconate (pentostam) as intralesional injection or intramuscular or using infrared heat as topical therapy.

### Eczema and Dermatitis

A total of 58 children with different types of dermatitis was seen (table 5). Their age ranged 0-16 years.

Eczema and dermatitis was found a major problem accounting for 11.6% of a total cases. The frequency of these different problems were; atopic dermatitis 50% of the eczema and dermatitis cases, pityriasis alba 22.4%, discoid eczema 13.7%, seborrhoeic dermatitis 5.1%, infective dermatitis 5.1%, contact dermatitis 1.7%, pompholyx 1.7%. Mean age of onset of these problems was 2.2 yrs. in atopic dermatitis, 4 yrs. in p.alba, 8 yrs. in discoid ecze-

ma, 9 weeks in infants and 16 yrs. of children of seborrhoeic dermatitis.

### Psoriasis

Psoriasis was seen in 4.6% of the children, their ages mainly ranged 0-12 yrs. with a mean of 5.4 yrs. The types of psoriasis mainly seen were; psoriasis vulgaris affecting mainly the knees and elbows, guttate psoriasis, psoriasis of scalp and psoriasis of the palms and soles (Keratoderma like picture). Mild psoriasis especially affecting the eye lids could be easily confused with mild acrodermatitis entropathica.

### Napkin Rash

Napkin rash was also a common problem in dermatological practice which accounted for 4% of whole cases, ages ranged 20 days- 2 years with a mean of 8.9 months. These were mainly as follows; irritant napkin dermatitis (70%), napkin candidiasis (20%), atopic dermatitis, seborrhoeic dermatitis (10%), perianal dermatitis and other rare forms.

### Alopecia Areata

Alopecia areata was also common as it was observed in 3.6% of the cases, Their ages ranged from 0-12 yrs. with a mean of 7.2 yr. female, (12 cases) were affected more than male (6 cases). F:M was 2:1. The area affected was mainly the scalp.

### Chilblain

Chilblain is a disease of winter time, it was found a common problem among children as it accounted

of 2% of the cases, their ages ranged 0-12 yr. with a mean of 7.1 yr. It is mainly a disease of females and the areas affected are mainly hands and feet.

### Post Febrile Desequamation

Post febrile desequamation is not an uncommon condition seen in a clinical practice and it was found in 1.8% of the cases. It often affected young children. Mean age of children affected to be 5.2 yr. and an careful assessment of these cases revealed that some of these cases followed scarlet fever and in other we could not found the cause. The areas that were affected by desequamation were mainly the hands and feet and involving palms and soles.

### Discussion

The incidence of skin problems varies from one country to another according to geographical, social and cultural aspects of that country in this country it has been found that infections and infestations are the major problem among all dermatological attendance in skin out-patient departments followed by eczema and dermatitis<sup>(1)</sup>.

This is in contrary to what has been found in some developed countries were eczema and dermatitis are the major problems followed by infections and infestations<sup>(2)</sup>.

In children it was found that infections and infestations were a ma-



major problem (68%) and even much commoner than what has been seen in previous studies in the same department. Eczema and dermatitis was the second major problem seen in these children<sup>(1)</sup>.

In Bangladesh it was found that pyoderma and scabies accounted for over 70% of patients attending the out-patient clinic of the skin disease<sup>(3)</sup>. This is comparable to what was found in our study.

Infections and infestations are still common in this country for many reasons probably because of the poor hygiene, crowded population, postulation, environmental factors and lastly the war situation.

### Scabies

scabies is now epidemic in this country<sup>(4)</sup> and very common among all age groups including children. So presently, in the case of any child presenting with itching with or without rash or case with similar symptoms in his/her, family, scabies should be suspected.

Dermatitis like picture was commonly seen in neglected cases.. so in every case of atypical or non-responding dermatitis in a child, scabies should be excluded<sup>(5)</sup>.

### Impetigo

Impetigo is a disease of childhood. It is commonly caused by staph. or streptococcal infection or combined infection<sup>(6)</sup>. The common-

est type was impetigo contagiosa. Infantile bullous impetigo was seen from now and then.

In tropical and subtropical countries impetigo is considered as a major cause of post streptococcal glomerulonephritis<sup>(6)</sup>. So emphasis on rapid treatment for this condition is required to minimize at least the cases of post streptococcal glomerulonephritis.

### Superficial Fungal Infections

This is still a common problem in this country as has been confirmed in this study. These were mainly; *T. capitis*, *T. circinata* with equal ratio, while *T. versicolor* and *T. pedis* were very unusual among young children and could only be seen in children after the age of 10. *T. favous* was fortunately not present as was found previously<sup>(7,8,9)</sup>. In the present study *T. capitis* cases presented typically as a scaly or diffuse form. Such cases would have been missed unless this diagnosis was suspected. So in any child presenting with scaly scalp, *T. capitis* infection should be excluded before other diagnosis are established.

Allergic rash in the form of id reaction was encountered in few cases of kerion.

### Herpes Zoster

This seems to be common among children. It can involve any dermatome but commonly that of trunk. It is usually painless and after

resolution it will not leave scar.

### Molloscum Contagiosum

It is commonly seen among children and adults in this country.

The clinical picture in children is similar to that adults but the location is different; in children the trunk, face and limbs and rarely the genitalia are involved although in some cases it can be seen in buttock. Molloscum contagiosum on the perianal area is seen in few cases and this raises the possibility of sexual abuse.

### Eczema and Dermatitis in children

Although it is a major problem accounting for 11.6% of total cases of children, but still less common than the infectious group and this in contrary to what has been reported in many developed countries<sup>(2)</sup>.

The mean age of onset was late in atopic dermatitis in the present study (2.2 years), compared to other studies (2.5 years)<sup>(10)</sup>. A similar study<sup>(1)</sup> was carried few years ago and it was found that eczema and dermatitis in infancy and children accounted for 27% of the cases and with the same frequency of conditions accounting for eczematous dermatitis. Also they found a late age of onset in atopic dermatitis.

### Bullous Dermatosi s of children Chronic benign bullous disease of children

It is quite common in this country in comparison with Europeans. It is usually seen in preschool age and stays years without remission. It is an important condition in differential diagnosis of childhood bullous diseases. Also in this country we see the varieties of epidermolysis bullosa.

### Erythema Multiforme

It is a self limiting disease that is commonly seen in this country and there are many causative factors. It has been reported in 65% of patients with erythema multiforme presented with herpes facialis<sup>(12)</sup>. It is the so called post herpetic erythema multiforme and could be recurrent.

### Pigmentary Problems In Children

#### Vitiligo

It is more commonly seen among children in Iraq, as it has been found that 50% of the cases start before the age of 18<sup>(13)</sup>, but in our study vitiligo accounted for 0.8% of the total cases. Also the depigmentation process occurs in two stages; stage 1; whitish brown area (should be differentiated from pityriasis alba). This gradually goes into stage 11, which is milky white in colour.

#### Post-inflammatory Leukoderma

In Iraq, post-inflammatory leukoderma is commonly seen in pityriasis alba and tinea versicolor. In these two conditions, the hypopigmentation may remain for longer time

after recovery of these lesions; some times it takes years to disappear.

Leukoderma following herpes simplex of lips and erythema multiforme is also not uncommon. These patients with hypopigmented leukoderma are particularly susceptible and many of them had family history of vitiligo.

So they genetically susceptible to develop vitiligo and could be considered as a Konebner phenomena.

Regarding the post inflammatory hyperpigmentation in this country, it commonly follows lichen planus and fixed drug eruption. Often the pigmentation takes many years to disappear and may be permanent. Also this pigmentation may follow any inflammatory skin condition because of the susceptibility of dark skin in general.

### Phytophotodermatitis

This problem is common in Iraq and occurs in sort of outbreak form in every winter season when citrus fruit is available. It affects young females and children.

The sites that are affected are usually the hands particularly in between webs of-fingers in females and the perioral area in children. The rash appears as a slight erythema soon followed by marked brown dark pigmentation which stays for many weeks and disappear spontaneously with or without help of treatment.

### Urticaria

It is a major problem among children and in this country the commonest types seen are; ordinary urticaria, papular urticaria, urticaria pigmentosa and mastocytosis.

Ordinary urticaria seen in children is usually recurrent and precipitating factors are mostly infections usually tonsillitis and pneumonia.

Urticaria pigmentosa, although it is a rare condition but now and then, we see cases among children usually chronic and later on may disappear spontaneously.

Papular Urticaria, although it is a major problem in Iraq, it was found in low number 0.2% of the total cases because the time of the study was mid year.

This disease is considered a type of hypersensitivity reaction to the insect bites and the histopathology is that of cell mediated immunity.

It takes two forms of presentation; papular urticaria of exposed parts of the body mainly seen on the face, hands, legs. This is usually seen in Summer. It is usually caused by mosquitos and sandfly. The affected children gradually get tolerance and the rash disappears spontaneously.

The rash may occur every season over many years and can be very troublesome.

The other variety mainly affects

the covered parts of the body such as a trunk above pelvic girdle and proximal parts of the limbs. The rash in the form of grouped red papules and the papules characterized by pseudopodia like periphery. This form of rash usually is not caused by mosquito or sandfly, possibly other insects like bed bugs.

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## شيوع الامراض الجلدية عند الاطفال العراقيين

كريمة الخفاجي  
كلية الطب/جامعة بابل

خليفة الشرجي  
كلية الطب/جامعة بغداد

الخلاصة  
تمت دراسة خمسمائة طفلا مريضا، تم جمعهم عشوائيا في العيادة الخارجية لقسم الامراض الجلدية في مدينة الطب وكانت اعمارهم تتراوح ما بين حديثي الولادة الى ستة عشر عاما" واما اجناسهم فقد كانت متساوية تقريبا".

وعند دراسة النتائج فقد وجد ان حالات الخمج والخمج الطفيلي كانت المشكلة الرئيسية (٦٨٪) تليها حالات الاكزيما (١١.٦٪). الجرب كان المشكلة الرئيسية (٢٥.٦) بين الحالات المرضية بصورة عامة وحالات الخمج بصورة خاصة، حالات الخمج الاخرى التي تم تسجيلها وحسب النسب الاتية:-

الخمج الفطري السطحي للجلد ٨.١٪  
قمل الراس ٥.٦٪ حبة بغداد ٣.٢٪ التآليل  
الفايروسية ٢.٦٪، الجدري المائي ١.٨٪، الدمامل  
والتهاب الجريبات ١.٦٪، التهاب طيات الجلد  
١٪ العقبول البسيط ٧.٠٪ العقبول العصبي  
٠.٦٪، الداخس الحاد ٠.٤٪، متلازمة انسلاخ  
الجلد المكوري ٠.٢٪، المليساء السارية ٠.٢٪.

اما حالات الاكزيما والالتهابات الجلدية فقد تم ملاحظة الانواع التالية:  
التهاب الجلد الاستشرائي ٥.٨٪،

النخالية البيضاء ٢.٦٪، الاكزيما القرصية ١.٦٪، التهاب الجلد الدهني ٠.٦٪، التهاب الجلد الخمجي ٠.٦٪، التهاب الجلد التماسي ٠.٢٪، عسر التعرق ٠.٢٪.

ومن الامراض الجلدية الشائعة الاخرى بين الاطفال فهي:  
داء الصدف ٤.٦٪، طفح الحفاضات ٤٪، داء الثعلب ٣.٦٪، الشرث ٢٪، تقشر ما بعد الحمى ١.٨٪، حب الشباب الشائع ١.٢٪، النخالية الوردية ١.٢٪، الشرى ١٪، البهق ٠.٨٪، داء الحمامي المتعدد الاشكال ٠.٨٪.

وهناك امراض جلدية اخرى متنوعة تصيب الاطفال ولكنها ليست كثيرة الشيوع خصوصا الامراض الجلدية الولادية والوراثية مثل انحلال البشرة الفقاعي وداء السمك والاورام الدموية، او امراض اخرى كالحصف وداء الحزاز المسطح.

نستنتج من دراستنا الحاضرة ان حالات الخمج الطفيلي تمثل المشكلة الكبرى في القطر العراقي مما يخالف ما هو مالوف في دراسات مماثلة سابقة في بعض الاقطار المتقدمة حيث تشكل حالات الاكزيما والالتهابات الجلدية المشكلة الكبرى فيها.