Prison Dermatology: A Moroccan Experience

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INTRODUCTION

Prisoners are a vulnerable population, because the overcrowding and the conditions in prisons provide a favorable ground for various diseases, including the dermatologic ones. Therefore, we can see patients with a broad spectrum of skin conditions, and a large variety of skin diseases that are most frequently infectious. The purpose of our study is to describe the various dermatological conditions presented by inmates in the prison of Ouray in Marrakech.

PATIENTS AND METHODS

This is a cross-sectional study in the Ouraya prison of Marrakech that contains about 1000 prisoners all males. The study was done in 2017, by examining all the patients who suffered from different diseases including skin ones. Pictures were not taken, because it was not allowed by the administration.

RESULTS

Over the 500 male inmates that were examined, 102 had dermatoses. The prevalence was estimated to 20.4%. The average age was 27 years with extremes ranging from 16 to 51 years old. A history of dermatologic pathology before incarceration was found in only 10 patients: psoriasis in 5 patients, pityriasis versicolor in 4 patients and zoster in one patient.

Almost all of the patients showered irregularly, did not always use soap in every single shower and did not change clothes after each shower.

The infections were the most represented by 56 cases or 54.9% of cases. The scabies were the most frequent, seen in 32.1% of infections. The other infectious dermatoses were: Dermatophytosis in 28.6%, Pityriasis versicolor in 25%, candidomas in 7.3%, urethritis and ringworm in 3.5% for each. The apparition of skin lesions is often perceived by the prisoner as the first visible sign of deterioration in his health secondary to his imprisonment, causing a lot of anxiety. Our results highlight the high morbidity of infectious dermatoses in this population. They match with the results of the African series which are characterized by a predominance of infectious diseases. On the other hand, other studies underlined the high prevalence of inflammatory diseases. The geographic location as well as conditions within each prison may affect the type of skin diseases observed in each population.

Keywords: Prison - dermatological diseases - infections.

Fig-1: Repartition of the infectious dermatoses in our study
Non-infectious dermatoses were seen in 45.1% of the total of patients. Acne was the most frequent, seen in 14% of cases, eczema in 12.7% of cases and psoriasis in 6% of patients. The other dermatoses seen were suspicion of lupus that was biopsied, lipomas and calluses.

**DISCUSSION**

The apparition of skin lesions is often perceived by the prisoner as the first visible sign of deterioration in his health secondary to his imprisonment, causing a lot of anxiety. Although the state of health of the prisoners is little studied and researches in this area are not abundant, there have been few publications that have studied skin diseases in incarcerated patients. Some of them noted the high frequency of cutaneous infections in this population [1,2], and others underlined the prevalence of inflammatory diseases [3-6]. The geographic location as well as conditions within each prison may affect the type of skin diseases observed in each population [3].

Our results highlight the high morbidity in this population with regard to dermatological pathologies, in particular infectious dermatoses. They match with the results of the African series which are characterized by a predominance of infectious diseases [2, 7].

Infections are known to thrive in hot humid environments, which are created by overcrowding, hot weather conditions, lack of soap for bathing, lack of change of clothing, and poor personal hygiene [8].

The scabies were the most frequent in our study, followed by dermatophytes, like in some Nigerian and guinean prisons [2, 9]. The routine use of ivermectin in some prisons, for prevention of onchocerciasis may be responsible for the low prevalence of scabies. This supports the fact that adequate and appropriate health policy can prevent diseases in prison [8]. Dermatophytes were the most common infections in Mangalore prison in India, causing 51% of infections [6]. Pityriasis versicolor was the third most common dermatosis and skin infection in our study. The causative organism is a resident flora on the skin, which does not do any harm.

On the other hand, in other studies, inflammatory diseases were the most frequent. Acne and psoriasis were the most frequent in a study in Texas [3].

Due to the importance of the request and the difficulty of having dermatological consultations on site, several French institutions have opted for teledermatology: dermatological advice by transmitting good quality pictures and informations of the patients. This method proved to be effective and adapted to the constraints of this universe [10, 11].

**CONCLUSION**

The state of health of the prisoners is little studied and researches in this area are not abundant. Observational studies should open the door to further researches in this specific population in order to improve the conditions of incarceration and facilitate the access to medications that treat the most common skin diseases, especially the infectious ones, to stop the contamination between the inmates and decrease the prevalence of infections in this population.

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