The Caucasian Skin through the Eyes of a Nigerian Dermatologist

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ABSTRACT

It was interesting to note the similarities and differences between African and Caucasian skin first-hand in Brazil. The diversity of patients seen in Brazil was striking as they presented with all parts of the spectrum of Fitzpatrick's skin type I to VI.

In the Caucasian skin, the incidence and prevalence of skin cancers was significantly high with most patients having a history of one or more skin cancers. At least sixty percent of patients seen with clinical suspicion of a skin malignancy on dermoscopy were confirmed positive for skin cancer after histology was done. In comparison, lesions on the skin that would probably be waved off as benign in black skin may warrant further scrutiny in Caucasians.

Other commonly seen conditions were rosacea, acne vulgaris, atopic dermatitis, scalp disorders, psoriasis, and seborrheic keratosis amongst others. Skin infections were less commonly encountered than patients seen here in Nigeria. Aesthetic procedures including surgery were also requested more often than with Nigerian patients.

In conclusion, these differences are important to note even though Caucasian patients are a minority here in Nigeria. Dermoscopy is a valuable tool for dermatologists. The world is increasingly being made global; particularly with the use of technology so all dermatologists must embrace the diversity of skin types.

As a dermatologist practicing in Nigeria but had the opportunity to do a mentoring in dermatologic surgery for three months, it was interesting to note the differences and similarities between the patients in Nigeria and those in Brazil. The diversity of patients seen in Brazil was striking as there were patients at almost all parts of the spectrum from Fitzpatrick's type I to VI. I also visited two other private dermatology clinics and two public hospitals which increased my contact with different patients and allowed me to experience a feel of both private and public practice. The private practice in Brazil attended to general dermatology patients, dermatologic surgery and patients seeking aesthetic procedures including LASER. An average of 8 to 10 patients a day were attended to with up to half of these patients presenting with precancers like actinic keratosis and skin cancers in form of basal cell carcinomas (BCC), malignant melanoma and squamous cell carcinoma (SCC). Basal cell carcinoma and malignant melanoma were encountered more frequently than squamous cell carcinoma.

The relevance of dermoscopy as part of clinical examination cannot be overemphasized in Caucasians as a lot of lesions suspicious of being malignant are picked up at this stage. A history of at least one skin cancer in the past was noted in up to a third of the patients. It is uncommon to find skin cancers like BCCs, SCCs or melanomas in Nigeria except in albinos where BCCs and SCCs are more common even though photo protection is not particularly practiced amongst the majority in Nigeria. Ogunbiyi et al had no record of skin malignancies over a four year period in a teaching hospital in south west Nigeria[1] while Onayemi et al documented a prevalence of 0.4% over a two year period in north west.[2] Similarly, a prevalence of 0.2% and 0.5% of cutaneous malignancies were reported over a four year and two year period in south south and south east Nigeria respectively., Skin malignancies such as cutaneous T cell lymphoma, Kaposi sarcoma, acral melanomas and dermatofibrosarcoma protuberans are more common amongst the general population and unfortunately most patients present in advanced stages of the disease.5 It is therefore pertinent that a new patch, pigmentation or nodule on Caucasian

skin which may not have any significance except for aesthetics in a black patient be investigated further by any dermatologist who comes in contact with a Caucasian patient in Nigeria. The ugly duckling sign 6 is still an extremely useful clinical sign for identifying pigmented lesions at risk of malignant change.

A common complaint amongst the patients in Brazil was the early appearance of wrinkles and fine lines necessitating the need for botulinum toxin injections and dermal fillers. It was also interesting to note that despite the fact that it has been documented that Caucasians are less prone to pigmentation7, they are more likely to present with naevi which up to half of the patients complained about. Photoageing was also a prominent feature with most patients seeking aesthetic procedures to improve skin damage secondary to this. Aesthetic procedures are generally widely accepted and requested by patients compared to patients in Nigeria where it is still not as prevalent.8 In recent times in Nigeria however, patients are seeking cosmetic procedures including body enhancement surgeries both locally and internationally.

The appearance of some lesions in Caucasian skin was also completely different from the way it appeared in Nigerian patients. The most prominent example of this seborrheic keratosis which is typically more hyperpigmented in black skin compared to Caucasians. Telangiectasia was also a prominent feature in the patients and rosacea was a frequently occurring skin complaint which is not commonly encountered in blacks. 9 Acne was also often seen especially amongst teenagers. In blacks however, the erythema that may accompany inflammatory acne is not appreciable except the individual is fair skinned. Keloids and acne keloidalis nuchae often seen in men in Nigeria were less commonly encountered in the Caucasians. 10 The classical presentation of psoriasis with the erythematous whitish scales also appears to be less prominent in blacks compared to Caucasians with the lesions occasionally appearing hyperpigmented.

The most common scalp and hair disorders noted amongst the patients seen in Brazil were androgenetic alopecia, telogen effluvium, seborrheic dermatitis and frontal fibrosing alopecia. Most of the patients presented in the early stages of the disease hence outcome was favourable. In Nigeria, tinea capitis has still been documented as the most common scalp disorder in children while traction alopecia, alopecia areata, seborrheic dermatitis, acne keloidalis nuchae, neutrophilic disorders like folliculitis decalvans and dissecting folliculitis were the more common scalp disorders documented in adults. 10 Unfortunately, most of these patients in the later stages of the disease with the disease already advanced and less ameliorable to therapy.

Skin infections were not a frequently encountered presentation as compared to patients in Nigeria.1-4 In recent times in Nigeria however, the prevalence of eczematous skin conditions such as atopic dermatitis, contact dermatitis, seborrheic dermatitis, lichen simplex chronicus amongst others have been on the rise.1 This may be partly due to increased health seeking behaviour on the part of the patients, improved hygiene with a decline in skin infections and a rise in the number of dermatologists with more people getting correctly diagnosed with conditions which may have been labelled otherwise. There is a dearth of dermatologists in Nigeria and early on in 2004, George et al documented that there were only about 30 dermatologists to a population of 120 million people. 11 Presently, the actual number of dermatologists in Nigeria obtained from the Nigerian association of dermatologists is about 160; a number that is still grossly inadequate for the over 170 million population of Nigeria.

A striking similarity between Nigerian patients and patients seen in Brazil was the need to eliminate all blemishes from the skin and the perception that a fairer skin was more aesthetically appealing. The desire for even toned skin without blemishes spans across all humans.12 The average Nigerian patient usually asks the question 'doctor, hope this treatment won't make me darker?' even in patients that have very dark skin. In recent times, skin bleaching has become some sort of fad In Nigeria and Africa as a whole., Most of the patients get to use bleaching cream either intentionally to get a

fairer skin or inadvertently when trying to eliminate blemishes from post inflammatory hyperpigmentation left behind as a tell-tale sign of previous skin lesions., , Several patients also use triple action creams which contain a high to mid potency steroid, neomycin and a topical antifungal liberally in a bid to treat their lesions prior to presentation which also causes skin lightening.

In conclusion, the spectrum of skin diseases varies amongst both group of patients and it was interesting to compare both groups. It was also important seeing patients there and relating it to most of the textbook descriptions. These differences are important to note even though Caucasian patients are a minority here in Nigeria. Dermoscopy is a valuable clinical examination tool for dermatologists. The world is increasingly being made global; particularly with the use of technology and migration so all dermatologists must embrace the diversity of skin types.

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