Global Journals LATEX JournalKaleidoscopeTM

Artificial Intelligence formulated this projection for compatibility purposes from the original article published at Global Journals. However, this technology is currently in beta. Therefore, kindly ignore odd layouts, missed formulae, text, tables, or figures.

Prevalence of Acne Associated Gynecological Diseases among Multiethnic Female Medical Students

Khuraseva A.B¹ and Jayaweera J. A.C.S.²

¹ Kursk state medical university

Received: 6 December 2019 Accepted: 5 January 2020 Published: 15 January 2020

Abstract

13

14 15

16

17

18

19

20 21

22

23

24

26

27

28

29

30

31

32

33

35

36

The purpose of the study: To investigate and analyze the presence of pathological acne and

their correlation between gynecological disorders among young female medical students from

different ethnicity. Material and Methods: The prospective study included 126 female

students from Kursk State Medical University aged 18-30 years. This study group consists of

six nationalities Indians (27.7

Index terms— Acne, hormonal imbalance, PCOS, life style modifications.

I. Introduction cne is the most common type of inflammatory dermatological disease widespread among any age from newborn to menopause [15]. It affects nearly 80% of people at some time between the ages of 11 and 30 years. It can persist for several years and result in disfigurement and permanent scarring, and it can have serious adverse effects on psychosocial development, resulting in emotional problems, withdrawal from society, and depression [28]. Acne is a multifactorial disease which is associated with systemic disorders and also potential skin marker of internal diseases or component of syndromes such as polycystic ovarian syndrome, Hyperandrogenism insulin resistance acanthosis nigricans syndrome (HAIR-AN syndrome) and SAHA syndrome [20].

Women of secondary reproductive age suffer more from acne than men. Psychological stress, diet, smoking, genetic predisposition and hormonal imbalance have been considered as factors that can trigger or worsen acne [15].

1 II. Material and Method

This research was conducted in the Department of Obstetrics and Gynecology; Kursk State Medical University on 4 th year and 5 th year female medical students aged 18 to 30. The number of students entrolled in the study was 126 after application of inclusion and exclusion criteria. The experiment consists of female students from Thailand, Nigeria, Brazil, Malaysia, India and Sri Lanka. They were given a questionnaire about the presence and absence of acne, their location, type of acne, health history, gynaecological history, genetic and life style considerations. All students were thoroughly informed about the study aims and through discussion about the procedure, associated benefits and risks and assigned written consent. The response rate was 95%.

- a) The inclusion criteria was history or / and presence of acne, age above 18 below 30 female, non pregnant and non lactating women.
 - b) The exclusion criteria was absence of acne, age below and above 30, Pregnant and lactating woman

2 III. Results

After the evaluation of questionnaire following statistical data was obtained. According to the results there 37 were 7.1% Thai, 9.5% Brazilian, 27.7% Indian, 12.6% Nigerian, 26.9% Malaysian, and 15.8% SriLankan students 38 totally. There were 7.1% Thai, 9.5% Brazilian, 17.4% Indian, 12.6% Nigerian 25.4% Malaysian, and 12.7% Sri 39 Lankan students with acne. Whereas 10.3% Indian, 1.6% Malaysian, 3.2% Sri Lankan without acne. When 40 analyzing the gynecological diseases in the participants with acne the below mentioned results were obtained 41 (figure 5). Brazilian participants got highest variety of gynecological diseases, premenstrual syndrome (11.21%),

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

hirsutism (3.7%), polycystic ovarian syndrome (PCOS) (2.8%), vaginal candidiasis (2.8%), and endometriosis (0.9%) compared to other nationalities.

Nigerian and Thai students got the second largest variety of gynecological diseases. Nigerian participants, got premenstrual syndrome (10.2%), hirsutism (5.6%), polycystic ovarian syndrome (PCOS) (1.86%), and vaginal candidiasis (2.8%). Thai participants got premenstrual syndrome (7.4%), hirsutism (0.9%), polycystic ovarian syndrome (PCOS) (0.9%), and endometriosis (0.9%). Whereas Indian, Malaysian, SriLankan students got only premenstrual syndrome, hirsutism and polycystic ovarian syndrome.

Totally from the students with acne, 8.26% were diagnosed with PCOS, 65.11% were diagnosed with premenstrual syndrome, 1.8% diagnosis with endometriosis 5.6% with vaginal candidiasis and 22.2% diagnosed with hirsutism.

3 IV. Conclusion

Acne is a common skin condition which mostly affects woman of secondary reproductive age. It is not only a dermatological problem but also affects woman in socially and psychosocial aspects. Acne can be the sign of many hormone related gynecological diseases.

This study consisted of 126 female medical students which have understandable knowledge about dermatology and gynecology which could help us in increasing the success rate of answers in the study questionnaire. According to research analysis prevalence of acne was found in 84. ??% Being medical students they had to lead a stressful life with more unhealthy foods, lack of physical exercises due to busy schedule with their studies. Unhealthy lifestyle of students might leads to obesity, diabetes mellitus, hormonal imbalance and psychological stress issues which can lead to future severe form of gynecological disorders.

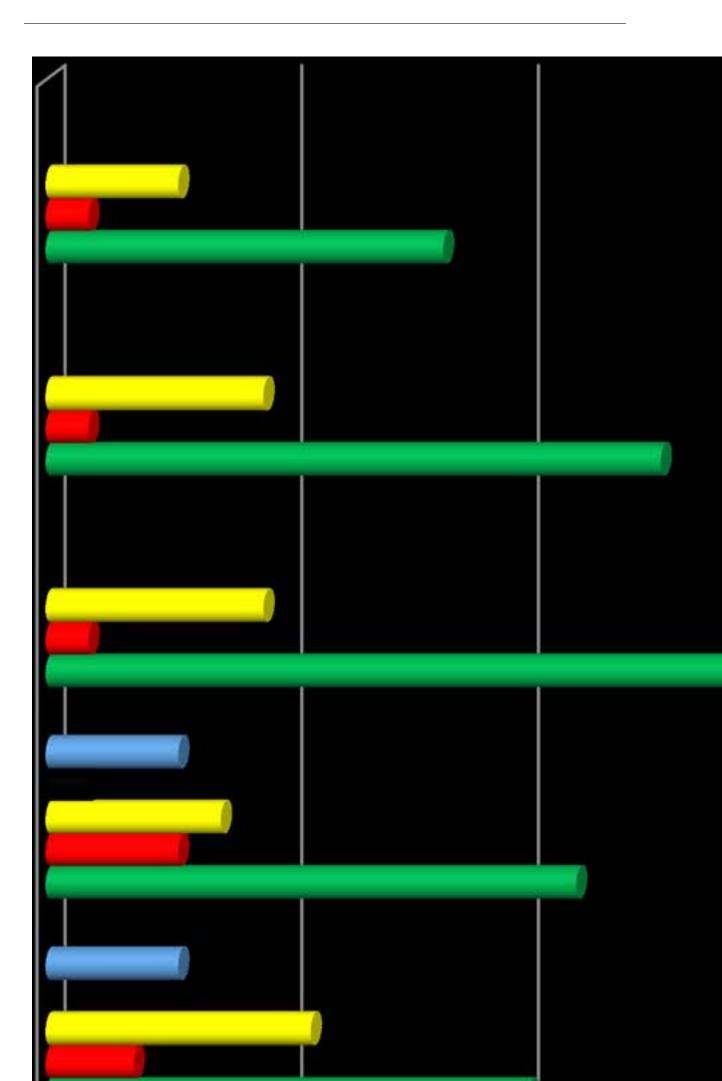
As health care providers it is our main responsibility to pre diagnose and screen the hormonal imbalance, endocrine disorders and gynecological disorders. And take measures to alter healthy life style and stress among young female medical students. These measures could lead to healthy population of young female doctors.

4 Literature Review

5 Global

Evaluation methods Total number of students Participated (who had or /and has acne + never had acne)= 126 Indian Thai Brazilian Total=(35)27.7%Total=(9) 7.1% Total=(12) 9.5% With acne=(22) 17.4% With acne = (9)With acne= (12) Without a cne=(13) 9.5% 7.1% 10.3% Sri Lankan Malaysian Nigerian Total = (20)15.8%Total=(34)26.9% With acne=(16) Total=(16)12.6% With acne =(32) 12.7% With acne =(16)25.4% Without acne =(4) 12.6% Without acne=(2) 3.2% 1.6%1

Figure 1: Figure 1:



1

Students Students with withacne out acne Average age of menarche 12 - 1313-14Regular menstruation cycle n = 75n=1359.5%10.3%Irregular menstruation cycle n = 32n=625.3%4.7%

After analyzing the menstruation history of the participants with acne (with reference table 1) 59.5% students with regular menstruation cycle, 25.3% with irregular menstruation. Participants without acne 10.3% with regular menstruation, 4.7% with irregular menstruation. Average age of menarche for students with acne is 12-13 years old whereas 13-14 years students without acne.

Figure 3: Table 1:

oligomenorrhea, polymenorrhea, menorrhagia and hypomenorrhea. Brazilian students got highest variety of gynecological disorders where as Srilankan, Malaysian, Indian students got least variety of gynecological disorders.

Srila nkan

Vaginal
India candidiasis
n Endometriosis

Endometriosis Year 2020

Mala 5

Thai Nige rian Braz ilian ysia n l syndrome) Hirsutism PCOS(poly cystic ov

0 5 10 15 Global
Journal
of
endoweginadis, candidisustism,

Figure 4:

1 2

 $^{^1\}odot$ 2020 Global Journals $^2\odot$ 2020 Global Journals Prevalence of Acne Associated Gynecological Diseases among Multiethnic Female ${\bf Medical\ Students}$

- 69 [Makrantonaki et al. ()] , E Makrantonaki , Ganceviciene R Zouboulis , C C Dermatoendocrinology . 2011. 3 p. 70
- 71 [Nazan Emiroglu. Acne Associated Syndromes ()] , 10.5772/65635. Nazan Emiroglu. Acne Associated Syndromes 2017.

- 77 [Suh et al. ()] 'A multicenter epidemiological study of acne vulgaris in Korea'. D H Suh , B Y Kim , S U Min , D H Lee , M Y Yoon , N I Kim . *Int J Dermatol* 2011. 50 p. .
- [Khuraseva and Jayaweera ()] 'Acne associated gynecological diseases and risk factors in the multiethnic women'.
 A B Khuraseva , J A C S Jayaweera . 10.15406/ogij.2019.10.00411. Obstet Gynecol Int J 2019. 10 (1) p. .
- [Bowe et al. ()] 'Acne vulgaris, probiotics and the gut-brain-skin axis: from anecdote to translational medicine'.
 W Bowe , N B Patel , A C Logan . Benef Microbes 2014. 5 p. .
- [Chen et al. ()] 'Acneassociated syndromes: models for better understanding of acne pathogenesis'. W Chen , B
 Obermayer-Pietsch , J B Hong , B C Melnik , O Yamasaki , C Dessinioti . *J Eur Acad Dermatol Venereol*2011. 25 (6) p. .
- [Carnevale ()] 'Acute Impact of Tobacco vs Electronic Cigarette Smoking on Oxidative Stress and Vascular
 Function'. R Carnevale . Chest 2016. 150 p. .
- [Jovi? et al. ()] Aleksandra Basta-Juzba?i?, Zrinka Bukvi? Mokos. The Impact of Pyschological Stress on Acne,
 Anamaria Jovi?, Branka Marinovi?, Kre?imir Kostovi?, Romana ?eovi?. 2017. Zagreb, Croatia. 25
 p. . University Hospital Centre Zagreb, Department of Dermatology and Venereology, University of Zagreb
 School of Medicine
- [Perkins et al. ()] 'Comparison of the epidemiology of acne vulgaris among Caucasian, Asian, Continental Indian
 and African American women'. A C Perkins , C E Cheng , G G Hillebrand , K Miyamoto , A B Kimball . J
 Eur Acad Dermatol Venereol 2011. 25 p. .
- [Legro et al. ()] 'Diagnosis and treatment of polycystic ovary syndrome: an endocrine society clinical practice
 guideline'. R S Legro , S A Arslanian , D A Ehrmann , K M Hoeger , M H Murad , R Pasquali . J Clin
 Endocrinol Metab 2013. 98 (12) p. .
- 98 [Bowe et al. ()] 'Diet and acne'. W P Bowe, S S Joshi, A R Shalita. J Am Acad Dermatol 2010. 63 p. .
- [Escobar-Morreale et al. ()] 'Epidemiology, diagnosis and management of hirsutism: a consensus statement by the androgen excess and polycystic ovary syndrome society'. H F Escobar-Morreale, Carmina E Dewailly, D Gambineri, A Kelestimur, F Moghetti, P. Hum Reprod Update 2012. 18 (2) p. .
- [Schmidt and Shinkai ()] 'Evidence-based approach to cutaneous hyperandrogenism in women'. T H Schmidt , K Shinkai . J Am Acad Dermatol 2015. 73 (4) p. .
- [Chen and Zouboulis ()] 'Hormones and the pilosebaceous unit'. W C Chen , C C Zouboulis . Dermato-Endocrinology~2009.~1~(2)~p. .
- [Wang et al. (2019)] 'How to Evaluate Acne in Reproductive-Age Women: An Epidemiological Study in Chinese
 Communities'. Y Y Wang , S W Li , S Luo . 10.1155/2019/6126808. Biomed Res Int 2019. 2019 Feb 3. 2019
 p. 6126808.
- [Dédjan et al. ()] Hyperandrogenism-Insulin resistance-acanthosis nigricans syndrome. Case Rep Endocrinol, A
 H Dédjan , A Chadli , El Aziz , S Farouqi , A . 2015. 193097.
- 111 [Lee ()] 'Influence of substance-P on cultured sebocytes'. W J Lee . Archives of Dermatological Research 2008. 112 300 (6) p..
- [Szabo ()] 'Interleukin-1A +4845(G> T) polymorphism is a factor predisposing to acne vulgaris'. K Szabo . Tissue Antigens 2010. 76 p. .
- 115 [Knowles et al. ()] 'Investigating the role of perceived stress on bacterial flora activity and salivary cortisol 116 secretion: a possible mechanism underlying susceptibility to illness'. S R Knowles , E A Nelson , E A Palombo 117 . Biol Psychol 2008. 77 p. .
- 118 [Slominski et al. ()] 'Key role of CRF in the skin stress response system'. A T Slominski , M A Zmijewski , B Zbytek , D J Tobin , T C Theoharides , J Rivier . *Endocr Rev* 2013. 34 p. .
- [Slominski ()] 'On the role of the corticotropin releasing hormone signalling system in the aetiology of inflammatory skin disorders'. A Slominski . $Br\ J\ Dermatol\ 2009.\ 160\ p.$.
- [Dalamaga et al. ()] 'Ovarian SAHA syndrome is associated with a more insulin-resistant profile and represents an independent risk factor for glucose abnormalities in women with polycystic ovary syndrome: a prospective controlled study'. M Dalamaga, E Papadavid, G Basios, V Vaggopoulos, D Rigopoulos, D Kassanos. J Am Acad Dermatol 2013. 69 (6) p. .

- 126 [Norman et al. ()] 'Polycystic ovary syndrome'. R J Norman , D Dewailly , R S Legro , T E Hickey . Lancet 2007 . 370 (9588) p. .
- [Housman and Reynolds ()] 'Polycystic ovary syndrome: a review for dermatologists: Part I. Diagnosis and manifestations'. E Housman , R V Reynolds . J Am Acad Dermatol 2014. 71 (5) p. 847.
- 130 [Kapoor and Jones ()] 'Smoking and hormones in health and endocrine disorders'. D Kapoor , T H Jones . Eur 131 J Endocrinol 2005. 2014. 152 p. 62.
- [Collier et al. ()] 'The prevalence of acne in a dults 20 years and older'. C N Collier , J C Harper , W C Cantrell . $JAm\ Acad\ Dermatol\ 2008.\ 58\ p.$. (PubMed)
- [Arora et al. ()] 'The relationship of lipid profile and menstrual cycle with acne vulgaris'. M K Arora , S Seth , S Dayal . Clinical Biochemistry 2010. 43 (18) p. .
- [Davidovici and Wolf ()] 'The role of diet in acne: facts and controversies'. B B Davidovici , R Wolf . Clin Dermatol 2010. 28 p. .