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Original article

Facial Dermatoses in Bouaké Epidemiological and Clinical Features

Les dermatoses faciales à Bouaké aspects épidémiologiques et cliniques

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Résumé

Introduction : Les pathologies de la face peuvent avoir de réelles répercussions sur la qualité de vie. Elles sont cependant peu documentées au CHU de Bouaké. Cette étude visait à décrire les aspects épidémiologiques et cliniques des dermatoses faciales afin d'orienter leur prévention.

Méthodologie : Une étude transversale descriptive a été menée du 1er mars 2025 au 28 février 2026 dans le service de Dermatologie-Vénérologie du CHU de Bouaké. Les patients présentant une dermatose faciale et disposant de données sociodémographiques et cliniques complètes ont été inclus. Le test du khi-deux a été utilisé avec un seuil de significativité de 5 %.

Résultats : Parmi 3 376 consultations, 212 cas de dermatoses faciales ont été recensés, soit 6,27 %. Le sex-ratio était de 0,54 et l'âge moyen de 27,23 ans, avec des extrêmes de 4 mois et 92 ans. Les cinq principales dermatoses étaient l'acné (61,79 %), la dermite séborrhéique (10,37 %), la dermatite atopique (4,71 %), l'ochronose (3,30 %) et le vitiligo (2,83 %). L'acné était plus fréquente chez les femmes (68,12 % ; $p < 0,006$).

Conclusion : Les dermatoses faciales sont fréquentes à Bouaké et dominées par l'acné, surtout chez les jeunes femmes. Une sensibilisation aux moyens de prévention est nécessaire.

Mots-clés : Dermatoses faciales ; acné ; Bouaké.

Abstract

Introduction: Facial disorders may substantially affect quality of life, yet they remain poorly documented at Bouaké University Hospital. This study described the epidemiological and clinical features of facial dermatoses to inform prevention.

Methodology: We conducted a descriptive cross-sectional study from 1 March 2025 to 28 February 2026 in the Dermatology and Venereology Department of Bouaké University Hospital. Patients with facial dermatoses and complete sociodemographic and clinical data were included. Qualitative variables were compared using the chi-square test, with statistical significance set at $p < 0.05$.

Results: Among 3,376 consultations, 212 cases of facial dermatoses were recorded (6.27%). The male-to-female ratio was 0.54. Mean age was 27.23 years (range: 4 months–92 years), and 46.22% were aged 20–29 years. Pupils and students accounted for 58.67%, and 87.74% lived in Bouaké. Atopy was reported in 8.96% and a family history of facial dermatosis in 25.94%. Consultation peaks occurred in April (13.68%), December (13.68%) and January (11.32%). Convex facial areas were most frequently involved, and 41.98% also had lesions outside the face. The five leading diagnoses were acne (61.79%), seborrhoeic dermatitis (10.37%), atopic dermatitis (4.71%), ochronosis (3.30%) and vitiligo (2.83%). Acne was more frequent among women (68.12%; $p < 0.006$).

Conclusion: Facial dermatoses are common in Bouaké and are dominated by acne, particularly among young women. They frequently cause discomfort or embarrassment. Preventive education is warranted.

Keywords: Facial dermatoses; acné; Bouaké.

Introduction

The face is one of the most visible parts of the body and plays an important role in communication and interaction with the environment. It is also associated with attractiveness [1].

Facial disorders may therefore have major effects on quality of life and may even contribute to depression [2–5].

These conditions may be infectious, inflammatory, immune-allergic or neoplastic [6–9] and are frequent reasons for dermatology consultations [10]. Better knowledge of their patterns is needed to develop effective preventive and therapeutic measures.

Few data are available in Côte d'Ivoire. We therefore conducted this study to improve knowledge of facial dermatoses in Côte d'Ivoire, particularly in Bouaké.

Methodology

This descriptive cross-sectional study was conducted over one year, from 1 March 2025 to 28 February 2026, in the Dermatology and Venereology Department of Bouaké University Hospital.

All patients, regardless of age or sex, who consulted for a facial dermatosis and whose medical records contained the required sociodemographic and clinical information were eligible. Patients with incomplete records were excluded.

Variables included age, sex, occupation, residence, medical history, monthly distribution of consultations, diagnoses, lesion sites, duration of disease, discomfort or embarrassment caused by the dermatosis, regular attendance at beauty salons, number of dermatoses per patient, voluntary skin depigmentation and a family history of a similar condition.

Qualitative variables were compared using the chi-square test, with statistical significance set at $p < 0.05$.

The study complied with confidentiality and anonymity requirements. Authorization was obtained from the Head of the Dermatology and Venereology Department and the hospital administration.

Results

Epidemiological characteristics

During the study period, 212 consultations for one or more facial dermatoses were recorded among 3,376 consultations, corresponding to a frequency of 6.27%. There were 138 women and 74 men, yielding a male-to-female ratio of 0.54.

Mean age was 27.23 years, ranging from 0.33 years (4 months) to 92 years; median age was 24 years.

Children aged 0–15 years accounted for 11.32%. The most represented age group was 20–29 years (46.22%).

Students (37.75%) and school pupils (20.92%) were the largest occupational groups, and 87.74% of patients lived in Bouaké.

Clinical characteristics

Atopy was reported in 8.96%, epigastric pain in 7.07%, and 68.87% had already attempted unsuccessful

treatment before consultation.

Consultations peaked in April (13.68%), December (13.68%) and January (11.32%). Regular attendance at beauty salons was reported by 13.21%.

Mean disease duration was 3.18 years (range: 4 days–43 years), and median duration before consultation was 1 year.

In 80.18% of cases, patients reported that the condition caused discomfort or embarrassment.

Voluntary skin depigmentation was reported in 23.11%, and women accounted for 81.63% of these cases.

The five most frequent diagnoses were acne (61.79%), seborrhoeic dermatitis (10.37%), atopic dermatitis (4.71%), ochronosis (3.30%) and vitiligo (2.83%).

Among children aged 15 years or younger, atopic dermatitis was the leading individual diagnosis (30.76%), followed by acne (20%). When grouped by category, infectious dermatoses were most frequent (34.61%), followed by immune-allergic dermatoses (30.76%).

Among patients older than 60 years, neoplastic dermatoses were the most frequent category (50%).

Among women, acne (68.11%), seborrhoeic dermatitis (7.91%) and ochronosis (3.62%) predominated; ochronosis occurred only in women. Among men, acne (48.64%), seborrhoeic dermatitis (17.56%) and atopic dermatitis (9.45%) were most frequent.

Most patients had a single dermatosis (91.04%). A similar condition was present in the family in 25.94%; sisters were the most frequently affected relatives (40%).

Convex facial areas—the forehead, cheeks, chin and malar regions—were most commonly affected. Lesions extended beyond the face in 41.98%, mainly to the chest (73.03%).

Acne was significantly more frequent among women than men (68.12% vs 48.64%; $p < 0.006$).

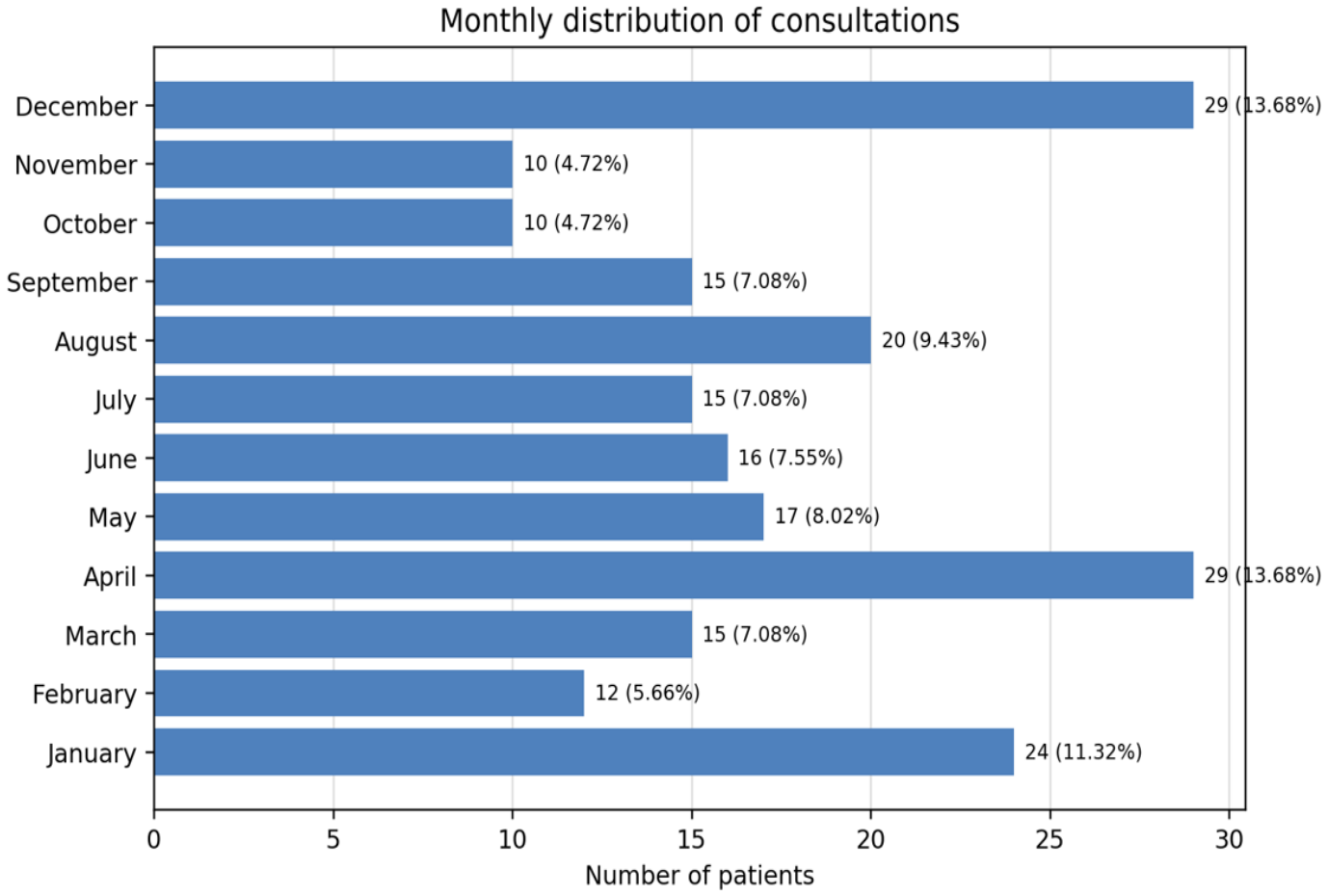

Figure 1: Monthly distribution of the 212 consultations

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Table I: Distribution of the 212 patients by age group

Age group	n	%
0–9 years	18	8.49
10–19 years	32	15.10
20–29 years	98	46.22
30–39 years	35	16.51
40–49 years	10	4.72
50–59 years	7	3.30
≥60 years	12	5.66
Total	212	100

Photograph 1: Facial nodular acne. (Source: image library of the Dermatology and Venereology Department, Bouaké University Hospital).

Photograph 2: Facial seborrhoeic dermatitis associated with papular acne. (Source: departmental image library).

Photograph 3: Facial vesicular and crusted lesions of varicella. (Source: departmental image library).

Discussion

The hospital-based design limits the generalizability of our findings, but the study describes the epidemiological and clinical characteristics of facial dermatoses in Bouaké.

Facial dermatoses accounted for 6.27% of consultations, lower than the 15.09% reported by

Kouassi in Abidjan [10]. Unlike our study, however, Kouassi included only women older than 18 years.

As reported by Elloudi [11] and Tiwari [12], women predominated in our sample, whereas Bhagwat [13] reported a male predominance in India. Women may be more likely to seek care for visible facial conditions because of greater concern about appearance.

Mean age was 27.23 years, and the 20–29-year age group predominated (46.22%), consistent with Tiwari [12] and Elloudi [11]. This may reflect the young age structure of the Ivorian population: the 2021 census reported that 20–30-year-olds represented 18.32% of the population and that 75.6% were younger than 35 years [14].

School pupils and students predominated, unlike in Bhagwat's study [13], in which they ranked after homemakers. School-age and young adult populations may have greater sun exposure [15] and hormonal activity [12].

Most patients (87.74%) lived in an urban area. This may reflect both the urban distribution of the Ivorian population (52.25%) [14] and exposure to air pollution in cities such as Bouaké [12].

Consultations peaked in December, January and April, whereas Kouassi [10] reported peaks in June and October. The timing in our series may be related to greater demand for treatment before end-of-year, New Year and Easter festivities.

Most patients had a single dermatosis. Acne was the leading diagnosis in both sexes, followed by seborrhoeic dermatitis, and was significantly more frequent among women. Elloudi [11] and Tiwari [12] reported similar patterns, whereas tinea faciei predominated in Bhagwat's study [13].

Among children younger than 15 years, infectious dermatoses predominated, followed by immune-allergic dermatoses, consistent with Elloudi [11].

Convex facial areas were most frequently affected. Extra-facial lesions occurred in 41.98%, mainly on the chest, compared with 58% in Elloudi's study [11]. Acne commonly affects seborrhoeic areas, which may explain the predominance of chest involvement.

The long disease duration may be related to self-treatment: 68.87% had attempted treatment before seeking specialist care and consulted after failing to improve.

The high proportion of women practising voluntary skin depigmentation confirms that this practice remains predominantly female in our setting and may explain why ochronosis, a complication of depigmentation, occurred only in women.

Overall, 80.18% reported discomfort or embarrassment related to facial dermatoses, supporting the need for prevention and early care.

Conclusion

Facial dermatoses are common and diverse in Bouaké but are dominated by acne. They are more frequent among women, school pupils and students and commonly cause discomfort or embarrassment. Preventive education and timely dermatological care are needed.

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Conflict of interest : None

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