A case Report On ichthyosis Vulgaris

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Abstract

Introduction: Ichthyosis is a rare skin condition that primarily affects the trunk or extremities, omitting the flexural areas of the body, and is characterized by dry, fish-like scales (Dahl, 2019). There are around 20 different forms of ichthyosis, the most prevalent of which is hereditary ichthyosis Vulgaris, which often manifests in the first year of life. Acquired variants of the skin condition can be brought on by several thyroid-related systemic problems, exposure to H.I.V., or Hodgkin's lymphoma. Numerous drugs, including herbal remedies for calming beverage kava, might potentially cause it.

Present medical history: A 15-year female patient registered to the Skin ward (Dermat) with the main complaint of Skin that is dry, itchy, and scaly, especially on the arms all over the body. Skin that is tense, especially after a bath. Following a general check and study, ichthyosis Vulgaris was diagnosed. The most commonly prescribed treatment intervention and its consequences. The doctor interpreted Ichthyosis Vulgaris. Following a thorough examination and inquiry.

Conclusion: The following is the proposed structured symptom-based and evidence-based approach: strategy includes a guide to ichthyosis Vulgaris diagnosis and treatment. Its goal is to increase awareness about the importance of early detection and treatment of this ailment to enhance your quality of life while avoiding potential problems.

Keywords: ichthyosis Vulgaris Patient-reported outcomes; psychosocial burden; quality of life; stigmatization. Ichthyosis Vulgaris; essential skin care therapy; patient-reported results; psychosocial burden; quality of life; stigmatization.

INTRODUCTION

The dermatologist clinic's newest patient, a 15-year-old female, complains of freshly developing, incredibly dry, scaling skin on her torso and both extremities. The patient is in good health, has no relevant medical history, and only uses an oral contraceptive as a reported medication. She denies using any illegal drugs, alcohol, or over-the-counter meds recently. Any pertinent family history of skin rashes or dry skin diseases is denied by the patient. She denies using any illegal drugs, alcohol, or over-the-counter meds recently. Any pertinent family history of skin rashes or dry skin diseases is denied by the patient.(1)

According to the patient, the xerosis began roughly two months prior to the start of the last treatment, which comprised over-the-counter emollients and chemical exfoliants and only somewhat improved the condition. Upon examination, it was found to have significant xerosis and diffuse fish-like scaling on the chest, belly, back, bilateral arms, and legs. Mild erythema and extensive waxy white scaling on the scalp, both of which were symptoms of seborrheic dermatitis, were other noteworthy observations.(2)

The absence of family history and the patient's adult onset led researchers to conclude that the patient's disease was acquired rather than hereditary. Laboratory testing was requested, and the results were average. A urea-based cream should be applied daily or twice daily, according to the patient's instructions.(3)

The patient called the office the next day to explain that she frequently takes kava to get rid of stress and depression as well as for support while going through alcoholism treatment. She asserted that she now had at least one kava drink every day.(4)
After a month, the patient stated that quitting the kava as advised significantly lessened the ichthyosis. These areas revealed minor persistent xerosis in the left lower leg and both arms. Scaling that had before been noticed and appreciated had disappeared. A topical clobetasol 0.05% solution was started after a review of the situation indicated that seborrheic dermatitis on the scalp was not entirely under control. The patient was advised to keep consuming kava cautiously to avoid a return of the acquired ichthyosis. (5)

About A Particular Patient:

A 15year patient was admitted due to a primary symptom of dry Skin with scales or small cracks. The medical term for dehydrated Skin is ichthyosis Vulgaris. All diagnoses are like blood examinations. Minor cases of xerosis can often be self-diagnosed. If you do see a healthcare provider, a physical exam by your healthcare provider, coupled with your medical history, is all that's typically used to diagnose His blood pressure was 120/80mmhg, his pulse was 116 BPM, and the patient was conscious but disoriented.

Patients' primary concerns and symptoms include: -

A patient visited the primary complaint and was brought to the hospital with dry Skin or lesions with scales or small cracks. The medical term for dehydrated Skin is ichthyosis Vulgaris.

Patient past Medical and surgical history and family and psychological history: -

A case of ichthyosis Vulgaris Following a general physical examination and investigation, a diagnosis was made. The patient has no previous medical or surgical history. A patient comes from a middle-class, nuclear household. She was not mentally stable and was confused about the date, time, and location. The patient has a good relationship with her family. Habit: The patient does not have any bad habits, only watching tv and dancing.

Patient present medical history: The admitted hospital complained of dry Skin with scales or small cracks. Ichthyosis Vulgaris is the medical word for dehydrated Skin.

Patient present surgical history: the patient does not have any type of surgical history.

IMPORTANT CLINICAL FINDINGS

Necessary physical examination and clinical findings: -

Ichthyosis Vulgaris Dry, itchy lesion, and scaly Skin, particularly on all over the body.

A timeline: - Present case has a history of stabilizing the patient if they ichthyosis Dry, itchy, and scaly skin, particularly on the arms and legs. Visit on city hospital yavatmal in October 2021 for management blood test Healthcare provider, a physical exam by your healthcare provider, coupled with your medical history, is all that's typically used to diagnose ichthyosis Vulgaris then follow up to On O.P.D. at The main complaint was brought to the hospital. Of dry Skin with scales or small cracks. The medical term for dehydrated Skin is xerosis cutis.

Diagnostic evaluation:

Diagnostic method: patient history collection and physical examination is done.

Hemoglobin-12.07 mg/dl

MHC-34.2

MCV-87.1

MCH-29.8
Total R.B.C. count- 4.90
Total WBC count- 8700
Total platelet count-3.90
HCT-34
Granulocytes-60
Lymphocytes-35
RDW-13.8
Monocytes-04
Eosinophils-02

During the physical examination, all standard blood tests were negative for an atypical leg infection. In addition to your medical history, your H.B. was lower, and your R.B.C. was lower.

DIAGNOSIS CHALLENGES: In the diagnostic evaluation, there were no difficulties. After a physical examination and this study, a diagnosis is made.

Diagnostic challenge

No challenges during diagnostic evaluation

Diagnosis: After a physical examination and this investigation

Blood test healthcare provider, coupled with your medical history, diagnosis the patient as having ichthyosis Vulgaris Case of prognosis was satisfied

Interventional therapy

The sufferer was given medical attention. AmLactin, for example, is a prescription cream or ointment.

Clinical and patient-assessed outcomes

• follow-up and outcomes

The patient has a history of Dry, itchy, and scaly skin, particularly on all over the body. They were tightening the Skin, especially after bathing.

Unexpected and unfavorable incident

There were no adverse side effects reported.
Discussion:

Keratosis pilaris, palmar hyper linearity, and ichthyosis vulgaris are the main features of IV, a genetic dermat disease. With a prevalence of 1:250–1000, it is the most prevalent congenital keratinization condition and an autosomal semi-dominant disorder. According to estimates, the majority of IV is between 4.0% and 7.7% in Europeans, 2.29%-3.00% in Asians, and occurs in African populations. However, the F.L.G. mutation rate is low in people with dark skin. For the differentiation of the epidermis and the development of a barrier on defense on the skin, the crucial protein filaggrin is required. The term “filaggrin” refers to a protein that aggregates filaments. IV is brought on by pathological changes in the gene encoding profilaggrin, a protein that functions as a precursor to flagging. A more severe phenotype is present in patients with homozygous mutations in the gene than in heterozygous patients with a partial F.L.G. deficit. The histological analysis of IV reveals ortho hyperkeratosis, decreased or absent keratohyalin granules, and diminished to nonexistent stratum granulosum. The keratohyalin granules are present in patients with the gene’s heterozygous mutation. However, they may look tiny. (6-25)

Moderate atopic dermatitis and allergic rhino conjunctivitis are comorbidities that affect 50–60% of IV patients. The F.L.G mutation makes carriers more susceptible to environmental triggers (such cats and cigarette smoking) that could lead to the onset of new atopic diseases. Additionally, there is a link between a filaggrin deficit and an increased chance of getting eczema. Additionally, it has been suggested that obesity-related moderate chronic inflammation and poor lymphatic drainage contribute to the severity of IV. (26-32)

Conclusion:

Treatment and care of ichthyosis Vulgaris on time will help to prevent further morbidity. Order to assure optimal skin care and to make the required surgery possible in this challenging instance, the advantages of a strong multidisciplinary approach were essential. In the difficult skin care routine associated with IV’s requires the expertise of dermatology and family practice nurses and nurse practitioners for diagnosis, treatment, and ongoing maintenance. In order to significantly improve the health outcomes for IV using patients, nurses and practitioners can work together to diagnose, refer, manage, and educate patients.

REFERENCES

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