INTRODUCTION

Cutaneous manifestations are common in patients with chronic kidney disease (CKD) with prevalence ranging from 50-100% documented in previous studies. Various cutaneous manifestations are reported in patients with CKD, and these vary from the more common xerosis, pruritus, hyperpigmentations, to the less common manifestations such as nephrogenic systemic fibrosis, bullous dermatosis of haemodialysis. These manifestations impact greatly on the quality of life of patients with CKD and in some instances have been reported to increase the morbidity and mortality in these patients.

AIMS AND OBJECTIVES

The general objective of this study was to determine the pattern of skin diseases in patients with CKD. The specific objectives were to determine the frequency of specific skin disease, documenting variation in cutaneous manifestations seen in stages 3, 4 and 5 of CKD, and to determine the peculiar skin manifestations in haemodialysis dependent (stages 5) CKD patients.

METHODOLOGY

The study was a cross sectional study conducted among patients with CKD attending the medical outpatients department of the Obafemi Awolowo University Teaching Hospitals Complex, (OAUTHC) Ile-Ife. One hundred and twenty patients who met the inclusion criteria were recruited for the study after informed consent were obtained.
With the aid of a proforma, relevant clinical information were obtained from the patients and the patients also had appropriate investigations done to confirm the diagnosis of cutaneous disease and to determine the presence as well as the stage of CKD. Patients with systemic diseases such as diabetes mellitus and systemic lupus erythematosus whose cutaneous manifestations could confound those of CKD were excluded from the study.

RESULTS

The occurrence of cutaneous changes was observed in the study to be 57.5%. Xerosis was the commonest cutaneous manifestation observed. Other skin changes observed in these patients included, pruritus, chronic leg ulcer, hyper-pigmentary skin changes, ichthyosis, plantar hyperkeratosis, follicular hyperkeratosis, arteriolar shunt dermatitis, alopecia, fungal and bacterial infections. Nail changes such as half and half nail, Mee’s lines were also documented. The pattern of cutaneous manifestations was not observed to vary significantly with the stages of chronic kidney disease.

CONCLUSION

Cutaneous manifestations were common in patients with CKD with xerosis being the commonest. Shunt dermatitis was found only in haemodialysis dependent patients.