

**P0592**

**Paper Poster Session**

**Travel medicine and international health**

**Dermatoses in returning travellers: the London experience**

Dami Collier<sup>\*1</sup>, Lewis Buss<sup>2</sup>, Catriona Webster<sup>2</sup>, Robin Bailey<sup>3</sup>

<sup>1</sup>*Hospital of Tropical Disease, Uclh, Infection, London, United Kingdom*

<sup>2</sup>*Hospital of Tropical Diseases, London, United Kingdom*

<sup>3</sup>*London School of Hygiene and Tropical Medicine, London, United Kingdom*

**Background:** Dermatoses account for 8-23% of presentations by returning travelers but with varying aetiologies reported. We present epidemiological data of dermatoses in returning travelers presenting to the Hospital of Tropical Diseases, London (HTD).

**Material/methods:** Retrospective analysis of routine data collected between November 2010 and August 2013. All presentations with a skin complaint were reviewed. The stated country visited was used to identify where dermatoses were acquired. Countries were converted into global positioning coordinates then the geocoded data was visualised using arcGIS 10.2.2.

**Results:** 493 skin complaints were seen. The median age was 32.9 (26.7-45.5) years and 51.7% were male. Self-reported ethnicity were 60.7% (299) white, 5.1% (25) asian, 3.4% (17) black and 24.3% (120) were unknown. The reported reasons for travel were for holiday (69.2%), work (13.8%) and visiting friends and relatives (10.8%). Excluding skin manifestations with another primary diagnosis, the top 6 dermatoses were CLM (30.0%), BSI (25.4%), insect bite (15.2%), dengue rash (3.9%) and rickettsioses (3.9%). Table 1 presents patient characteristics. Figure 1 shows the global map of where the dermatoses were acquired. CLM commonly presented with travel to SE Asia, the Caribbean and Latin America. BSI and insect bites commonly presented following travel to SE Asia, South Asia, East Africa and Europe. Rickettsioses presented following travel to Southern Africa and dengue rash SE Asia, Latin America and South Asia.

**Conclusions:** The dermatoses amongst returning travelers seen at the HTD is similar to that reported elsewhere. Knowledge of these geographical patterns may help the clinician in diagnosing these common dermatoses.

	CLM (148)	BSI (125)	Insect bite (75)	Rickettsiosis (19)	Dengue Rash (19)
Male (%)	43.2 (64/146)	49.6 (62)	70.7 (53)	47.4 (9)	47.4 (9)
Median age years (IQR)	30.0 (25.8-39.8)	33.0 (27.8-47.5)	38.5 (28.1-55.1)	41.3 (35.4-51.8)	35.0 (29.5-47.8)
Region (%)					
SE Asia	43.9 (65)	22.5 (27/120)	8.6 (6/70)		31.6 (6)
South Asia	2.0 (3)	15.0 (18/120)	12.9 (9/70)	10.5 (2)	26.3 (5)
East Africa	4.7 (7)	11.7 (14/120)	18.6 (13/70)		
West Africa	2.7 (4)	10.8 (13/120)			

Table

Latin America	18.9 (28)	7.5 (9/120)	11.4 (8/70)	5.3 (1)	31.6 (6)
Southern Africa	2.7 (4)	6.8 (8/120)	10.0 (7/70)	68.4 (13)	
North Africa		5.8 (7/120)	4.3 (3/70)		
Oceania		5.0 (6/120)		10.5 (2)	
Caribbean	19.7 (29)	4.2 (5/120)	5.7 (4/70)		10.5 (2)
Europe	2.0 (3)	3.3 (4/120)	18.6 (13/70)	5.3 (1)	
Middle East		2.5 (3/120)			
Other	3.4 (5)	5.0 (6/120)	4.3 (3/70)		
<b>Reason for travel (%)</b>					
Holiday	90.4 (132/146)	65.0 (76/117)	74.6 (50/67)	77.8 (14/18)	63.2 (12/19)
Work	4.8 (7/146)	19.7 (23/117)	11.9 (8/67)	22.2 (4/18)	5.3 (1/19)
Visiting friends/relatives	3.4 (5/146)	15.4 (18/117)	11.9 (8/67)		31.6 (6/19)
Study	1.4 (2/146)		1.5 (1/67)		

1:

Characteristics of cases.

Figure 1: Global map of dermatoses.

