



EPIDEMIOLOGY

# THE PREVALENCE, CLINICAL CHARACTERISTICS AND ETIOLOGY OF CHRONIC LOWER LIMB SWELLING DISEASES IN PATIENTS PRESENTING AT THE REGIONAL DERMATOLOGY TRAINING CENTRE, MOSHI, NORTHERN TANZANIA

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**Background:** Chronic lower limb swelling diseases (CLLSDs) are classified into lymphatic causes commonly referred to as lymphedema, and non lymphatic causes. The diverse causes may vary with geographical regions and patients often present with debilitating physical symptoms. No collective study has been done, however individual causes of CLLSDs have been studied.

**Aim:** To determine the prevalence, clinical characteristics and etiology of CLLSDs in patients presenting at the Regional Dermatology Training Centre (RDTC), Moshi, Northern Tanzania.

**Methodology:** This was a hospital based descriptive cross sectional study from August 2017 to May 2018 at the RDTC. Data was collected by use of a questionnaire-guided interview of the patients who have chronic lower limb swelling for more than 3 months. The detailed history and clinical examination was used to reach a clinical diagnosis. A second examiner confirmed the clinical diagnosis independently.

**Results:** Prevalence of CLLSDs was found to be 1.7% (n=100), with lymphatic and non lymphatic etiological prevalence of 1.6% and 0.1% respectively. Skin change (96%) such as hyperpigmentation, was the most common symptom, followed by pain (91%), heaviness (79%), itchiness (78%), and stiffness (47%). Episodes of infection in the past two years was seen in 61% of the patients with 16% being admitted for inpatient care.. The major cause for primary lymphedema was lymphedema praecox (1.6%) while that of secondary lymphedema were phlebolymphe-  
dema (39.8%), obesity (23.7%), infection (15.6%) and malignancy (9.1%). The majority of non-lymphatic causes were due to mycetoma (1.6%). A higher percentage of our patients presented with grade II lymphedema.





Conclusion: CLLSDs has a prevalence of 1.7% in our setting with affected individuals experiencing symptoms of skin change and pain most commonly. Phlebolymphe'dema was the commonest etiology. A large percentage of the affected patients are attended to when the disease has become quite severe.

