

Skin Disorders Attributable to Cultural Practices in Africa

Olusola Ayanlowo FWACP

Professor and Consultant Dermatologist,
Department of Medicine, Faculty of Clinical Sciences,
College of Medicine, University of Lagos/
Lagos University Teaching Hospital,
Lagos State, Nigeria.



The aetiology of some skin disorders in Africans may be attributable to environmental factors, including cultural practices. Traction alopecia presents with frontal recession. Grooming practices such as braids, microbraids, twists, and plaiting involve tension on the hair from heavy extensions and tight ponytails. Use of hot combs and chemical straighteners also damages hair follicles, leading to alopecia. (1)

Many Africans present with keloids and hypertrophic scars from tribal and ritual scarification or incisions. Keloids and scars may also complicate tattoos. (1,2) Common disorders such as acne are complicated in dark-skinned individuals by post-inflammatory pigmentation, keloids, and hypertrophic and atrophic scars. (3) The underlying mechanism of excessive scarring includes the formation of large, multinucleated fibroblasts and excessive collagen due to trauma and recurrent infections. (1)

Tattoos are gaining acceptance among Africans despite religious and cultural prohibitions. Some tattoos combine incisions with dyes. Contact dermatitis from henna dyes for beautification and medicinal purposes is common amongst tribes across West Africa and Nigeria. (1,2)

Hair pomades are ointments and conditioners made from mixtures of petrolatum, lanolin, and vegetable/animal or mineral oils. These occlude sebaceous and follicular openings, leading to pomade acne. (2,4) Epidemic use of skin-lightening cosmetics containing hydroquinone and steroids in Nigeria and across Africa results in conditions such as skin atrophy, exogenous ochronosis and confetti hypomelanosis. (5)

This edition presents a 'Oru-omo': a dermatosis meaning 'heat from the child' which refers to a pruritic, self-limiting dermatosis observed on the volar forearms of nursing mothers in Nigeria. It is clinically distinct from miliaria in its clinical features. This edition also features conditions associated with poor socioeconomic status: atopic dermatitis with rickets, tuberculosis in non-HIV patients presenting as chronic scars.

References

1. Bari, Arfan & Khan, Muhammad. (2007). Dermatological disorders related to cultural practices in black Africans of Sierra Leone. *Journal of the College of Physicians and Surgeons — Pakistan*; 17: 249-52.
2. Ayanlowo O, Gold-Olufadi SA, Akinkugbe AO, Otofrowei E, Nga C, Olumide YM. (2017) Growing Trend of Tattoos and Complications in Nigeria. *International Journal of Dermatology* 56(7):709-714. doi: 10.1111/ijd.13521.
3. Davis EC, Callender VD. A review of acne in ethnic skin: pathogenesis, clinical manifestations, and management strategies. *Journal of Clinical and Aesthetic Dermatology*. 2010 Apr;3(4):24-38. PMID: 20725545; PMCID: PMC2921746.
4. Ayanlowo O, Cole-Adeife O, Ilomuanya M, Ebie C, Adegbulu A, Ezeanyache O, Odiase O, Ikebudu V, Akanbi B. (2021) African oils in dermatology. *Dermatology Therapy* 30: e14968. doi: 10.1111/dth.14968.
5. Olumide YM, Akinkugbe AO, Altraide D, Mohammed T, Ahamefule N, Ayanlowo O, Onyekonwu C. (2008) Complications of chronic use of skin lightening cosmetics. *International Journal of Dermatology* 47; 4: 344-353.