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SCORAD reflects the duration of atopic dermatitis lesions

[Jarmila Celakovská¹](#), [Josef Bukac²](#)
¹ Department of Dermatology and Venereology, Faculty Hospital, Medical Faculty of Charles University, Hradec Králové, Czech Republic

² Medical Biophysic, Medical Faculty of Charles University, Hradec Králové, Czech Republic

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Correspondence Address:

Jarmila Celakovská

Department of Dermatology and Venereology, Faculty Hospital, Medical Faculty of Charles University, Hradec Králové

Czech Republic

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Sir,

I would like to inform you about our results concerning the evaluation of SCORAD index. The aim of our study was to evaluate whether there is some correlation between the value of SCORAD and the duration of atopic dermatitis lesions during 1 year. The SCORAD system has been developed on consensus by the European task force on atopic dermatitis (ETFAD) in 1993, and, by using this instrument, different studies are more comparable in routine practice as well as in observational or double-blind randomized clinical trials. [\[1\],\[2\]](#) In our study, we



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have included patients over 14 years of age with atopic dermatitis examined at the Department of Dermatology and Venereology, Faculty Hospital and Medical Faculty of Charles University, Hradec Králové, Czech Republic from January 2005 to April 2010. The diagnosis of atopic dermatitis was made according to the Hanifin-Rajka criteria. [3] Severity of eczema was scored in agreement with SCORAD [4] index. During the examination of SCORAD, the patient was asked about the duration of lesions and answered whether the lesions were erythema, edema/papulations, crusts, excoriations and lichenification and whether they were permanent in the last 1 year or only occurred occasionally. The severity of atopic dermatitis was evaluated with SCORAD as a mild form to 25 points, as moderate over 25-50 points and as a severe form over 50 points. We have examined 223 patients suffering from atopic dermatitis, and they were included in the study (130 women and 93 men with the average age of 26.5 (SD 9.9 years), min. 14, max. 63 years; with the mean SCORAD 31 points, SD 12.5 points).

From the permanent eczematic lesions in the last year, 136 patients were reported as having suffered, with an average SCORAD of 35.4 points [Figure 1] and [Figure 2]. From the occasional lesions in the last year, 87 patients had suffered, with an average SCORAD of 24.5 points [Figure 3]. Our results were analyzed statistically. We have used A Wilcoxon-Rank-Sum test or Man-Whitney test, if there was a correlation between the severity of atopic dermatitis and the duration of lesions in the last year. There is a statistically significant correlation-patients with permanent eczematic lesions have the SCORAD score higher by about 10 points. We calculated the contingency tables and used Chi-quadrade test of independence for classifications: Erythema, edema, crusts, excoriations, lichenifications. There is a statistically significant correlation: Patients with more intensive erythema, excoriations, crusts and lichenification suffer from atopic dermatitis permanently in the last year. The data did not prove the dependence only between the duration of eczematic lesions and edema/papulation.



Figure 1: Permanent atopic dermatitis lesions

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Figure 2: Permanent atopic dermatitis lesions

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Figure 3: Acute occasional atopic dermatitis lesions

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The calculation of SCORAD is based on measurements that can be made on the day of the examinations. More time-extensive measurements are not included on purpose. In our examination with SCORAD, we also included a question about the duration of the atopic dermatitis during the last 1 year. The purpose was to relate it to other variables in SCORAD. We used contingency tables and Chi-square test to find out that the duration and erythema, crusting, excoriations and lichenifications were dependent. It would mean that the variable, that we call duration, would be redundant. As we could expect, these classifications are dependent. The data did not prove the dependence only between the duration and edema/papulation. We also evaluated the effect of duration on SCORAD itself. It turns out that the difference is statistically significant, the value of SCORAD of patients with duration of lesions during the 1 year is higher by 10 points than that of occasional atopic dermatitis lesions. The dependence among these classifications (erythema, excoriations, crusts, lichenification) may explain the significant difference between SCORAD of patients with occasional lesions and that of permanent lesions of atopic dermatitis. Critics of SCORAD have objected to the fact that this system has been developed for children (thus not for adults), that the system is too complicated for routine practice, is time-consuming and combines objective and subjective data. [5] According to our results, we can conclude that SCORAD score is the good tool for the evaluation of severity of atopic dermatitis, because it can reflect the duration of the lesions.

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