


ATOPIIC DERMATITIS IN AFRICA: ADVANCING RESEARCH, CARE, AND EQUITY ACROSS DIVERSE SKIN TYPES

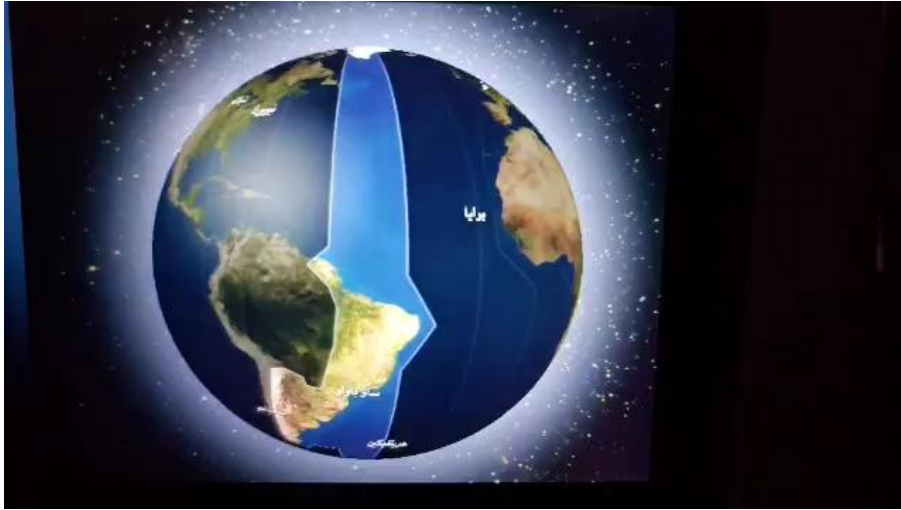
Dr. Erere Otrofanowei MBBS, FMCP, iFAAD
Consultant Dermatologist & GenitoUrinary Physician
CMUL/LUTH,
Lagos, Nigeria



 @Dr_Sye

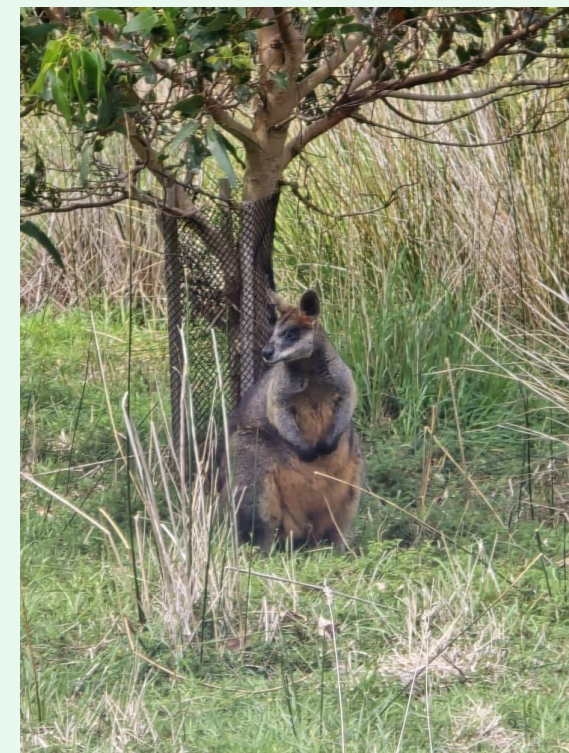
LinkedIn





AFRICA- AUSTRALIA

NGANTANWARR – THANKS FOR THE WELCOME





AFRICA



Population

Africa is home to over 1-4 billion people



Languages

Africa has over 2,000 languages, grouped into major families



Geography & Diversity

It is divided by the Equator and includes 54 countries



Weather

The continent spans diverse climate zones



Cultures

Africa's cultures are incredibly diverse and rich

OVERVIEW

Atopic Dermatitis



Atopic Dermatitis (AD) is a chronic, relapsing inflammatory skin disease.



Global burden is rising, but Africa remains underrepresented in research, policy, and clinical resources.



Goal



Bridge gaps in care, equity, and research across diverse African populations.

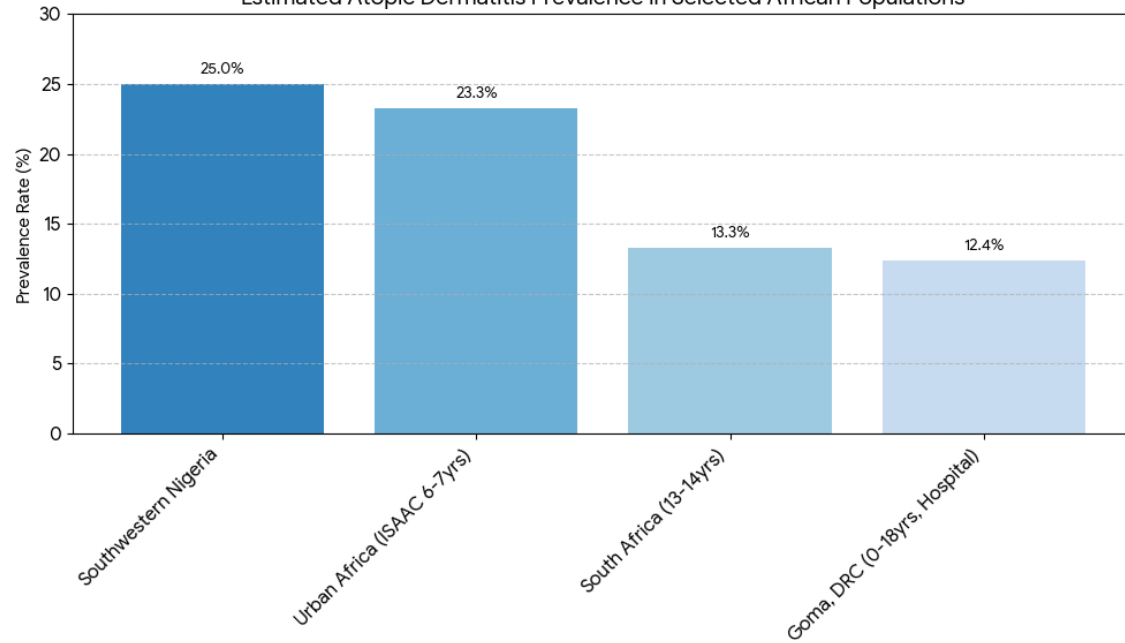
CLINICAL REALITIES OF AD IN AFRICAN POPULATIONS

Epidemiology of Atopic Dermatitis in Africa

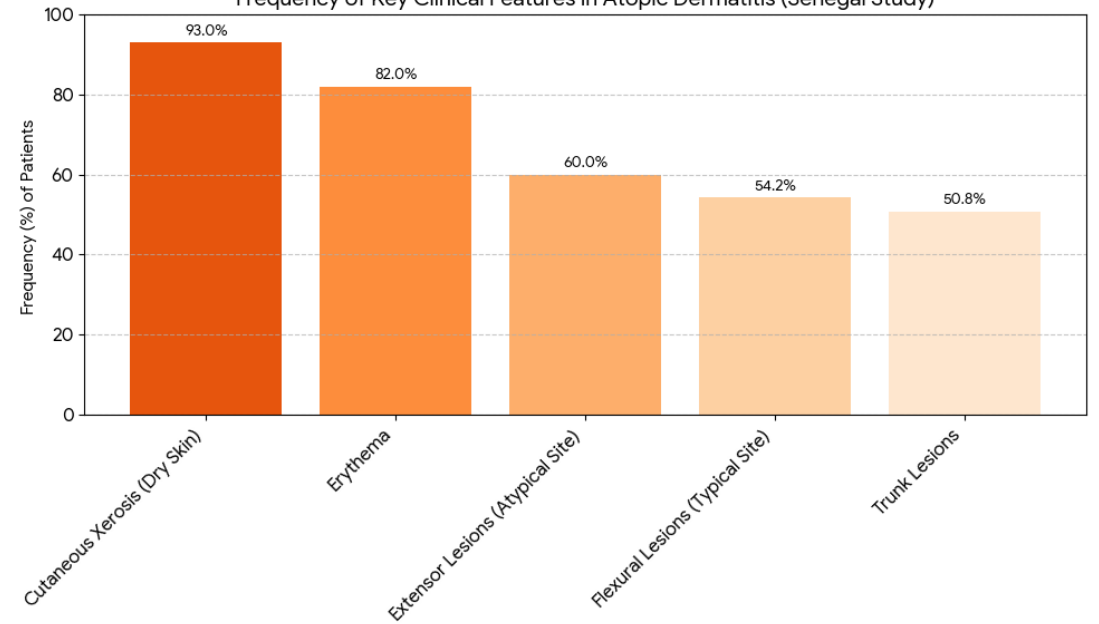
- **Epidemiological overview: prevalence, severity, and regional disparities**
- **Unique presentations on richly pigmented skin (e.g., lichenification, dyschromia)**
- **Diagnostic challenges due to underrepresentation in training materials**
- **Impact on quality of life and mental health**
- Prevalence varies:
 - Up to **20% of children** in urban areas.
 - Growing in rural settings due to urbanization, pollution, and lifestyle shifts.
- Underdiagnosed due to limited access to dermatologists and lack of awareness. (also worsening in other countries with migration trends)
- Burden underestimated due to **inconsistent data; unaddressed issues of mental health and surveillance.**

EPIDEMIOLOGY & PHENOTYPES

Estimated Atopic Dermatitis Prevalence in Selected African Populations



Frequency of Key Clinical Features in Atopic Dermatitis (Senegal Study)



12 APOSTLES –BUT STILL DIFFERENT



CLINICAL FEATURES IN DARKER SKIN TONES



CHRONIC AD: Nuchal lichenification, palmar hyperlinearity, periorbital hyperpigmentation

ATLAS OF DERMATOSES IN BLACK SKIN: WILL THIS SUFFICE?



SYSTEMIC BARRIERS TO CARE

The Knowledge Gap

- **Limited access to dermatologists and specialized care**
- **Inadequate supply chains for emollients and topical therapies**
- **Urban-rural divide in healthcare infrastructure**
- **Cultural stigma and misinformation**
- **Medical education** lacks training on AD in **skin of color**. **Black Skin (locally & Int'lly)**
- Diagnostic tools, algorithms, and severity scoring systems are not validated for all skin tones.
- **Healthcare system limitations:** Few dermatologists (e.g., 1 per 1M in some regions).
- **Socioeconomic factors:** Cost, stigma, poor health literacy.
- **Traditional beliefs** and alternative therapies often delay treatment.
- **Access to medications** (e.g., topical corticosteroids, biologics) is limited.

AN ATTEMPT TO TRAIN YOUNG ONES IN BLACK SKIN DERMATOSES



EASI SCORE/SCORAD



WHAT ARE OUR PHENOTYPES?

EJDV_48_25_R2_OA

Original Article 1

Clinical presentation and biophysical parameters of patients with atopic dermatitis in Lagos, Nigeria

Erere Otofrowei^a, Olufolakemi Cole-Adeife^b, Ehiaghe L. Anaba^c,
Olusola O. Ayanlowo^a, Ayesha O. Akinkugbe^a

^aDepartment of Medicine, Faculty of Clinical Sciences, College of Medicine, University of Lagos (CMUL)/Lagos University Teaching Hospital (LUTH), ^cDepartment of Medicine, Lagos State University College of Medicine (LASUCOM)/Lagos State University Teaching Hospital (LASUTH), ^bDepartment of Medicine, Lagos State University Teaching Hospital (LASUTH), Lagos, Nigeria

Correspondence to Erere Otofrowei, MBBS, FMCP, iFAAD, Department of Medicine, Faculty of Clinical Sciences, College of Medicine, University of Lagos (CMUL)/Lagos University Teaching Hospital (LUTH), Lagos, Nigeria. Tel: +234 803 326 3378
e-mail: ererey@yahoo.co.uk, eotofrowei@unilag.edu.ng

Received: 25 May 2025

Accepted: 7 July 2025

Published: xx xx 2025

Egyptian Journal of Dermatology and
Venereology 2025, ??-??-??

Background

The increasing prevalence of atopic dermatitis (AD) in Nigeria is possibly due to awareness and urbanization. AD, a common, chronic inflammatory dermatosis with hereditary predispositions and environmental triggers, shows abnormal skin biophysical parameters and characteristic clinical features. We aimed to document clinical and biophysical features of Nigerian AD patients and disease severity.

Patients and methods

Of the 150 patients diagnosed with AD by dermatologists in two tertiary hospitals in Lagos, we obtained baseline data on demographics, clinical features and disease severity using the EASI score with an interviewer-administered questionnaire for 140 patients. Skin pH, hydration levels, and transepidermal water loss (TEWL) measured using Courage and Khazaka multiprobe adapter-6 were analyzed using SPSS, version 24.

Results

The mean age was 24.5±19.8 years, with a female-to-male ratio of 1.7 : 1.57.9% were over 6 years old at AD onset and allergic conjunctivitis was more associated with atopy than allergic rhinitis or asthma (61.4 : 50 : 16.4). Identified risk factors were breast-milk substitutes (90%) and egg consumption (89.3%); heat was most identified trigger. Dennie–Morgan folds, palmar hyperlinearity, and periorbital darkening were most common clinical features in 86.4, 83.6, and 43.6%, respectively. Using EASI, 49.3% : 30% : 7.1% had mild : moderate : severe disease, respectively. Means of hydration levels on chin and forearm were 56.7 ±18.5 and 40.0±20.7; skin pH 6.5±2.1 and 5.5±0.4; and TEWL 32.4 [24.5–52.2] and 18.8 [13.7–34.8], respectively.

Conclusion

AD occurs at older ages in Nigerian patients, mostly associated with allergic conjunctivitis. Dennie–Morgan folds, periorbital hyperpigmentation and palmar

Conclusion

This study provides valuable insights into the epidemiology and clinical characteristics of Nigerian AD patients. Study findings emphasize the multifactorial nature of AD, and the clinical features observed align with the typical acute and chronic manifestations. The high prevalence of Dennie–Morgan folds, palmar hyperlinearity, micropapular lesions, and postinflammatory hyperpigmentation highlights these as significant features of AD in darker skin tones and underscores the importance of developing AD diagnostic criteria for darker skin, especially in Africa.

GLOBAL RESEARCH GAPS

ISSUES

- Underrepresentation of African populations in clinical trials
- Lack of phenotype-specific treatment guidelines
- Need for inclusive dermatological databases and AI diagnostic tools
- Opportunities for collaborative research networks


ONGOING SOLUTIONS

- GADA –ADRIIN study is hopefully
- African AD Management guidelines (with PSG in advisory capacity)
- Madagascar has a biobank and ready to partner
- USZ / Nigeria (ALEX 2 Sensitization)
- SIAF/ Nigeria (AD Biomarkers)
- The ASDV is open to collaborative
- Constant work in Tanzania (RDTC)

POLICY IMPERATIVES

Equity Challenges in Global

- **Global North dominates research agenda.¹**
- **Africa is a net importer of clinical evidence**, despite unique skin biology and environmental exposure.
- **Lack of investment** in local capacity building, diagnostics, and therapies.

1 Received: 13 February 2025 | Accepted: 13 June 2025
2 DOI: 10.1111/ddg.15885
3
4 **CLINICAL LETTER** 
5
6
7
8 **The neglected majority: Inverse relationship between**
9 **prevalence and global research activity of 15 dermatological**
10 **diseases**
11
12
13
14
15 **Oliver Brandt¹ | Erere Otrofanowei² | Ncoza Dlova³ | Simon M. Mueller¹**
16
17
18 ¹Department of Dermatology, University Hospital Basel, University of Basel, Switzerland
19 ²Department of Medicine, College of Medicine University of Lagos, Lagos, Nigeria
20 ³Department of Dermatology, Nelson R. Mandela School of Medicine, University of KwaZulu-Natal, Durban, South Africa
21
22 **Correspondence**
23 Simon Müller, MD, Department of Dermatology, University Hospital Basel, Petersgraben 4, 4056 Basel, Switzerland.
24 Email: sim.mueller@unibas.ch
25
26 **KEYWORDS**
27 Clinical trials, dermatology research, global health, health inequality, neglected tropical diseases
28
29
30 Dear Editors,
31 Diseases of the skin and its appendages are common
32 health problems affecting almost one-third of the world's
33 population.¹ Since 2007, the World Health Organization
34 (WHO) has engaged in the "control, elimination, and eradication of neglected tropical diseases" (NTDs), which are
35 high burdens in impoverished areas, yet have been largely
36 overlooked by researchers in high-income countries and
37 the pharmaceutical industry. Skin NTDs include Buruli ulcer,
38 cutaneous leishmaniasis, post-kala-azar dermal leishma-
39 we included the 13 listed dermatological diseases plus melanoma and non-melanoma skin cancer in this analysis. Age-standardized prevalence rates were used that allowed comparison of rates across different geographical regions or time periods. These rates were obtained from the GBD online database (<https://vizhub.healthdata.org/gbd-results/>), which to our knowledge represents the most comprehensive global repository of epidemiological data. The 15 diagnoses, listed with descending age-standardized prevalence rates, are: 1. Fungal skin diseases, 2. Acne vul-

Brandt O, Otrofanowei E, Dlova N, Mueller SM. The neglected majority: Inverse relationship between prevalence and global research activity of 15 dermatological diseases. J Dtsch Dermatol Ges. 2025 Oct 16. doi: 10.1111/ddg.15885. Epub ahead of print. PMID: 41102878.

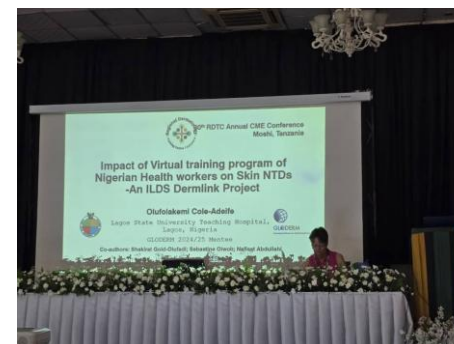
TRAINING AND CAPACITY BUILDING

- Enhancing dermatology education with diverse skin imagery
- Supporting African dermatology residency programs: FMCP/WACP/RDTCs, other training centres in Africa
- Teledermatology and mobile health as scalable solutions
- Cross-border knowledge exchange and mentorship: ISD mentorships/ISAD research fellowship ;



SUCCESS STORIES & EMERGING INITIATIVES

- **African Society of Dermatology and Venereology (ASDV)** promoting training and advocacy.
- Nigeria, South Africa, Kenya piloting **national skin health strategies**.
- **Collaborative research programs** with African institutions gaining traction. Xabel Ovuesor IEC winner – *King's College London*
- *ILDS DermLink Grants*
- ISAD Research Fellowship
- Gloderm Mentorship (50% of 2025 awardees are Africans)
- ISD Mentorship programs



ADVANCING CARE...

- Dermocosmetics are putting money where their mouth is
- LRP/CeraVe Skin Summit (in Nigeria) South Africa
- Beiesdorf (Eucerin) Nigeria
- Bioderma (Ghana, Tunisia)
- Topicrem (Nigeria)
- Sponsoring Webinars ; partnering with African Societies



2025
SkinAlliance 1st Summit in Nigeria

Dear Dr OTROFANOWEI Erere,

INVITATION AS A SPEAKER AT THE 1st SKINALLIANCE SUMMIT IN NIGERIA.

We are delighted to invite you to as a Speaker at the 1st edition of the SkinAlliance Summit in Nigeria to be held in Radisson Blu Hotel, Ikeja Lagos.

Topic: ATOPIC DERMATITIS : Physiopathology of Atopic Dermatitis: Presentation of Biomarkers of Atopic Dermatitis

And

Management of atopic skin in hot and humid climate: Vaseline, emollients...

- Date: 24th September 2025

- Venue: Radisson Blu Hotel, Ikeja Lagos

The conference is scheduled for the day and evening of Wednesday, September 24, but due to transport constraints, you are expected to arrive on Tuesday afternoon, September 23, and return on Thursday, September 25.

Skin Alliance is a medical education initiative of La Roche-Posay and CeraVe, to fill the gap between skin research and practical dermatology. Our ambition is to gather Nigerian experts in dermatology and in skin research to share up-to-date knowledge linked to dermatology and dermocosmetic science and provide education to healthcare professionals.

We recognize your busy schedules and sincerely appreciate your time. We're confident you'll find the SkinAlliance Summit both informative and enriching.

We look forward to welcoming you to Lagos!

Sincerely,

*H. LISTEUR
N Africa Medical Director*

In partnership with



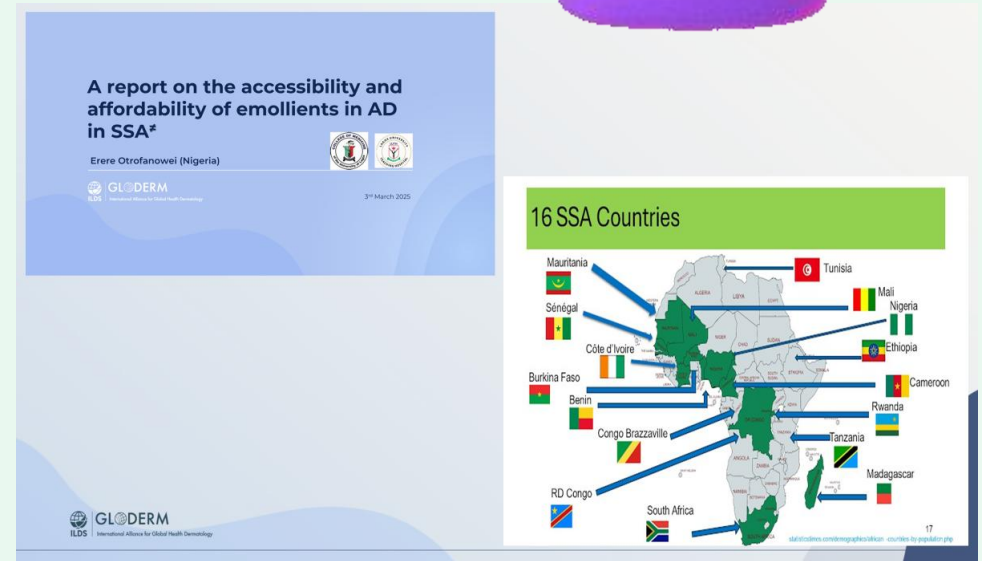
with the support of

LA ROCHE POSAY
LABORATOIRE DERMATOLOGIQUE

CeraVe
ADVANCED SKIN CARE

BUT.....

- Où sont les industries?
- We struggle with Biologics (across the continent)
- Ms. O. E's story (with pics)



ADULT AD PX / SEVERE (EASI /SCORAD)

Emollients

Steroids (monthly Triamcinolone)

Methotrexate (up to 20mg weekly)

Biologics????? struggled with getting Tofacitinib (Pfizer) then discovered the Biosimilar from *India*



CALL TO ACTION:



For dermatologists: advocate for inclusive education and research.¹



For policymakers: invest in skin health equity

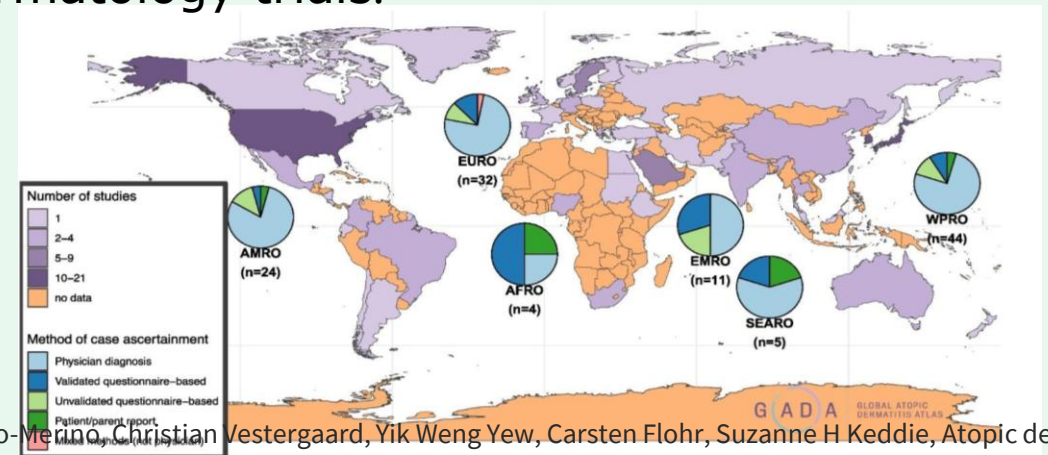


For global institutions: amplify African voices and fund local solutions (GAF 2025)



For industry: develop and distribute culturally appropriate products

- 1. Fund local epidemiological studies** on AD in African settings.
- 2. Train clinicians** in (Black skin) dermatology.
3. Develop **context-sensitive treatment guidelines**.
4. Improve **access to essential medications** and technologies.
5. Support **public health campaigns** to reduce stigma.
6. Promote **equitable inclusion** in global dermatology trials.



²Chih-Ya Chang, Kaitlyn Chan, Hsuan-Chi Chen, Chien-Cheng Lai, Karen Poole, Piers Allen, Ching-Chi Chi, David Prieto-Vernio, Christian Vestergaard, Yik Weng Yew, Carsten Flohr, Suzanne H Keddie, Atopic dermatitis epidemiology: a global scoping review, *British Journal of Dermatology*, Volume 193, Issue 5, November 2025, Pages 830–838, <https://doi.org/10.1093/bjd/ljaf238>

Orange indicates countries studied, highlighting the distribution of case definition types by World Health Organization (WHO) region. Distribution of atopic dermatitis (AD) data sources by country from 1 January 2023 to 31 July 2024. Orange indicates the distribution of the methods of AD case ascertainment used by studies within each WHO region. AFRO, African region; AMRO, Region of the Americas; EMRO, Eastern Mediterranean region; EURO, European region; SEARO, South-eastern region.

CLOSING REFLECTIONS

"We are 5 years into the decade. We can still make this the decade of dermatologic justice. #WHA 78 , EML-Urea/Glycerol.. , what next?"



History has been made.

At the 78th World Health Assembly, Member States adopted a landmark resolution recognising **Skin Diseases as a Global Public Health Priority**.

This moment marks a powerful turning point for the **2 billion people worldwide affected by skin conditions**.

We are proud to stand with our partners and the global community in this transformative step towards equity, access, and recognition for skin health.



Read our #WHA78 statement →



The International Society of Atopic Dermatitis (ISAD) and the World Health Organization (WHO) have successfully included urea- and glycerol-based moisturizing creams on the Essential Medicines Lists (EML and EMLc) for treating atopic dermatitis!

This is a huge step forward for patient care worldwide, especially in low and middle-income countries (LMICs). By making these creams more accessible, we can significantly improve the lives of people living with this condition.

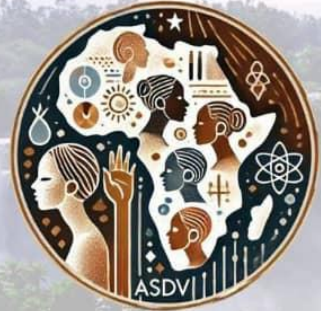



Huge thanks to Marie LODEN and the entire writing group for their incredible work on the application, as well as the WHO NTD and EML bureaus for their support. We also appreciate the endorsements from the International League of Dermatological Societies (ILDS), the African Society of Dermato Venerology (ASDV), and GlobalSkin.

We now call on the industry to collaborate

JOIN US.....THANKS FOR LISTENING



5th Scientific Conference of ASDV
April 24th - 25th, 2026
Addis Abeba, Ethiopia



The Ethiopian Dermatology & Venereology Society
Presents
5th Scientific Conference of
The African Society of Dermatology & Venereology
Theme: Dermatology in Africa: Opportunities & Challenges
April 24th - 25th, 2026
Addis Abeba
Ethiopia

ACKNOWLEDGMENTS

- ISAD Board/ Mr. Laurent
- Dr. Paschal Ezeudu
- Peter and Suzanne Schmid-Grendelmeier
- -

