

Common dermatoses among the transgender population

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Abstract

Background The marginalized community of transgender population needs much more medical attention which is not provided due to the cultural stigma associated with their identity. It is essential for dermatologists to address their skin conditions in order to lessen the burden of disease and improve their quality of life.

Methods At a medical camp, 52 transgender patients were enrolled and examined for dermatological complaints at Fountain House, Lahore from 4th to 18th Aug 2018. Their cutaneous examination was done, and clinical diagnoses were recorded.

Results The most common diseases found were eczemas, infestations like scabies, bacterial and fungal infections. Other important diseases were melasma, urticaria, acneiform eruption, miliaria, and vitiligo. The less frequently reported diseases included, diabetic ulcers, pediculosis, and acne scars.

Conclusion Our data shows that skin diseases impart a significant burden on health problems for the transgender population. By understanding the common dermatoses in transgender individuals, dermatologists can provide better care and improve the quality of life for this population. The provision of specialized dermatologic help needs to be extended over a larger scale for the prevention and better management of skin disorders in the transgender population.

Key words

Transgender; Dermatitis; Stigma; Infections; Dermatology.

Introduction

Transgender individuals, whose gender identity and expression diverge from societal expectations based on their biological sex, represent one of the most marginalized and vulnerable groups worldwide. The World Health Organization (WHO) describes "transgender people" as an umbrella term encompassing various identities. In Pakistan, the 2017 Census

officially recorded 10,418 transgender individuals; however, experts estimate that the actual number is significantly higher due to the stigma surrounding self-identification.¹ Social exclusion, poverty, and cultural biases compound the challenges faced by this group, leading to disproportionately high rates of unemployment, lack of education, and limited access to healthcare.²

Transgender individuals are broadly categorized into transgender men and transgender women. Transgender men are individuals assigned female at birth but who identify and live as male, often undergoing social or medical transitions. Conversely, transgender women are

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individuals assigned male at birth but who identify and live as females.^{3,4} This distinction is crucial for understanding the unique challenges faced by each subgroup, including differences in dermatological health concerns due to varied living conditions, hormonal therapies, and societal perceptions.

Healthcare access for transgender individuals is often hindered by systemic barriers and social discrimination. This is particularly true for dermatological health, an area that significantly impacts quality of life but is frequently overlooked.² Skin conditions may not be life-threatening, yet they can cause profound emotional, social, and physical discomfort. The challenges transgender individuals face—such as unsanitary living conditions, overcrowding, poor access to hygiene, and limited medical resources—make them especially vulnerable to dermatological disorders.² Despite this, research on skin conditions in transgender populations, particularly in Pakistan, remains scant.

This study was conducted to bridge this gap by examining the prevalence and nature of dermatological diseases among transgender individuals in Lahore. By understanding these patterns, healthcare providers and policymakers can develop targeted interventions to address this community's unique challenges and reduce the burden of disease.

Methods

This cross-sectional study was carried out for two weeks, from August 4 to August 18, 2018, at Fountain House, Lahore, a community centre offering support to marginalized populations, including transgender individuals. Using a snowball sampling technique, 52 transgender participants were enrolled. Recruitment was facilitated by community leaders, referred to as "gurus," who provided access to their networks.

Inclusion criteria required participants to

identify as transgender and provide informed consent. Those unwilling to participate, unable to complete the interview, or who withheld information were excluded. Participants came from various parts of Lahore and represented diverse socio-economic and living conditions.

Data were collected through face-to-face interviews and detailed dermatological examinations conducted by trained medical professionals. A pre-designed proforma captured demographic data, clinical history, and physical findings. Photographs of visible dermatological conditions were taken, with patient consent, to ensure diagnostic accuracy. Categorical data were presented as numbers and percentages. Data analysis was performed using SPSS version 26, and findings were presented in the form of tables, graphs, and descriptive statistics.

Results

Demographics The study population included 22 trans-females (42.3%) and 30 trans-males (57.7%), with a mean age of 47 years. Younger transgender individuals were underrepresented due to social stigma and reluctance to access healthcare services.

Disease prevalence The most frequently diagnosed dermatological condition was scabies, affecting 12 participants (23.08%) (**Figure 2**). This high prevalence can be attributed to overcrowded living conditions and limited access to hygiene resources. Tinea corporis was the second most common condition, observed in 6 individuals (11.54%) (**Figure 3**). Other notable conditions included diabetic dermopathy, melasma, and urticaria, each affecting 4 participants (7.69%). Less common conditions included miliaria (5.77%) (**Figure 4**), eczema (5.77%), folliculitis (5.77%) (**Figure 5**), furunculosis (3.85%), T. cruris (3.85%), contact dermatitis (3.85%) (**Figure 6**). However, pityriasis versicolor (**Figure 7**), acneiform

Table 1 Distribution of dermatological conditions.

Condition	Number of Cases	Percentage
Scabies	12	23.08 %
Tinea Corporis	6	11.54 %
Diabetic Dermopathy	4	7.69 %
Melasma	4	7.69 %
Urticaria	4	7.69 %
Miliaria	3	5.77 %
Eczema	3	5.77 %
Folliculitis	3	5.77 %
Furunculosis	2	3.85 %
T. Cruris	2	3.85 %
Contact dermatitis	2	3.85 %
Acneiform eruption	1	1.92 %
Foot ulcers	1	1.92 %
Pyo-scabies	1	1.92 %
Onychomycosis	1	1.92 %
Pityriasis versicolor	1	1.92 %
Vitiligo	1	1.92 %
Acne scars	1	1.92 %

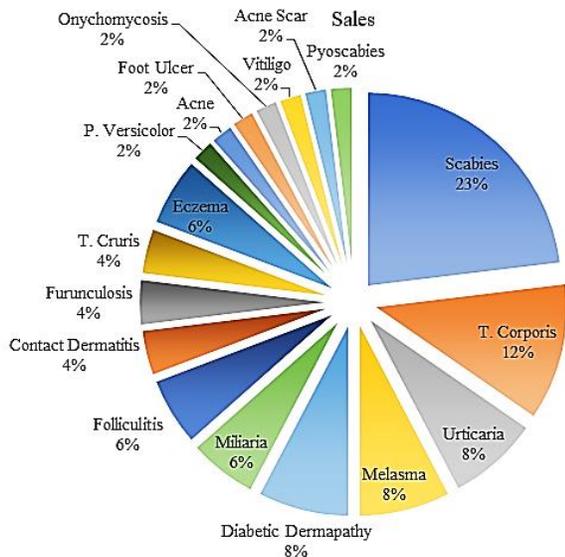


Figure 1 Distribution of common dermatological diseases among the transgender population.

eruption (**Figure 8**), foot ulcers, pyo-scabies, foot ulcers, onychomycosis and vitiligo were seen in 1.92% cases each (**Table 1**).

Discussion

The findings of this study emphasize the significant burden of dermatological diseases faced by transgender individuals, driven largely by socio-economic disadvantages. The high

prevalence of scabies is consistent with studies from other low-income settings, where overcrowded living environments facilitate disease transmission. In this study, scabies accounted for 23.08% of cases, highlighting the urgent need for interventions addressing hygiene, over crowding and poor living conditions.

Fungal infections like tinea corporis (11.54%), tinea cruris (3.85%), onychomycosis (1.92%) further underscore the impact of unsanitary conditions. These infections, although treatable, can become chronic without timely intervention. Public health campaigns promoting hygiene and providing antifungal medications may reduce the incidence of such diseases.

Diabetic dermopathy (7.69%) reflects the underlying burden of diabetes within this community. The prevalence is particularly concerning given the limited access to chronic disease management among transgender individuals. Improving diabetes screening and adequate glycaemic control could prevent these complications.

Other conditions, such as melasma and urticaria (7.69% each), contact dermatitis (3.85%), acneiform eruptions and post acne scars (1.92%), likely result from a combination of environmental factors, harmful skin products and underlying health conditions.⁵ Gender-affirming hormone therapies and related procedures also affect the skin pilosebaceous unit,³ as sebaceous glands are among the main androgen target tissues.⁶

The low prevalence of conditions like vitiligo (1.92%) may be due to underdiagnosis or limited access to dermatological specialists.

Skin diseases in transgender patients are often underdiagnosed and under recognized despite their potential for significant impairment in the



Figure 2 Scabies.



A



B

Figure 3 A) Tinea corporis B) T. Pedis.



Figure 4 Miliaria.



Figure 5 Folliculitis.



Figure 6 Contact dermatitis.

quality of life and mental health.⁷ At present, very little data were available about the prevalent skin problems of transgenders in Pakistan. This study was carried out to find out the gaps in our existing healthcare system.

In this study, out of 52 transgenders, 22(42.3%) were trans-females and 30(57.7%) were trans-males. However, in another study based on the health requirements of transgenders in Mississippi, 43% identified themselves as males while 47% reported as trans-females.¹ The mean age of our respondents is 47 years but that doesn't fall within the international bracket of 23 ± 4.98 years, as young transgenders face extreme social exclusion so they are reluctant to visit skin clinics.¹ Scabies (23.08 %) was the most common dermatosis in our study, Tamilselvan BP *et al.* reported it around 16.7% in an Indian study.⁸ Second most common skin disease was tinea corporis (11.5%), as transgender population live in extreme poverty

and overcrowded slums where diseases like scabies and Tinea spread rapidly. A total of 7.69% patients showed signs of Diabetic Dermopathy which are consistent with the results of Manzoor I *et al.* (8.4%).¹

Pityriasis Versicolor was diagnosed in 1.92% which matches with the findings of Moseley *et al.* i.e. 2%.⁹ Acne patients were also around 1.92% , which is mostly due to gender-affirming hormone therapies as confirmed by Ragmanauskaite L *et al.*¹⁰

The results align with similar studies conducted in South Asia and other low-resource settings. Scabies and fungal infections remain a prominent issue in overcrowded and impoverished communities.

This study highlights the importance of addressing systemic barriers to healthcare for transgender individuals. Social stigma, fear of



Figure 7 P. Versicolor



Figure 8 Acne.

discrimination, and lack of cultural competence among healthcare providers deter many from seeking medical attention.¹¹ These barriers not only delay diagnoses but also exacerbate the severity of conditions.² Early diagnosis and screening for underlying medical problems in this high-risk population group is mandatory.¹²

Conclusion

This study underscores the dermatological challenges faced by the transgender community in Pakistan. Scabies, fungal infections, and other preventable conditions impose a significant burden, exacerbated by social and economic inequalities. By addressing these challenges, healthcare providers can improve the quality of life for transgender individuals.

Community outreach: Health campaigns targeting transgender communities to improve awareness of hygiene and dermatological health.

Inclusive policies: Development of transgender-friendly healthcare services that respect the dignity and identity of patients.

Training programs: Educating healthcare providers on the unique needs of transgender individuals to foster cultural competence.

Research expansion: Conducting similar studies in other regions to provide a comprehensive understanding of dermatological health in transgender populations.

Policymakers, medical professionals, and social organizations must collaborate to create equitable healthcare systems that address the needs of marginalized communities. Creating an inclusive environment for all genders is essential to ensure equitable access to medical facilities, fostering open and trusted relationships between physicians and underprivileged patients.^{11,13} Moreover, improving access to dermatological care can significantly enhance the physical and mental well-being of transgender individuals, reducing health disparities and promoting social inclusion.

Declaration of patient consent The authors certify that they have obtained all appropriate patient consent.

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Authors' contribution

MZ: Substantial contribution to study design, data acquisition, manuscript writing, has given final approval of the version to be published.

SS: Substantial contribution to study design, data acquisition, data interpretation, critical review of the manuscript, has given final approval of the version to be published.

AA,SAAG: Substantial contribution to data analysis and interpretation, critical review of the manuscript, has given final approval of the version to be published.

IH: Substantial contribution to concept, study design, critical review of the manuscript, has given final approval of the version to be published.

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