

ORIGINAL ARTICLE

Patterns of Skin Diseases Diagnosed on Biopsies in Jordan

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Abstract

Background: Although skin diseases are common among Jordanian adults, there is insufficient data on the distribution of skin diseases confirmed by biopsies, and most previous studies in Jordan are based on clinical diagnosis with no collaboration on the corresponding biopsy results.

Objectives: To determine the different patterns and diagnoses of skin diseases confirmed by skin biopsies in the Jordanian population and their distribution according to demographic variables. To assess for the common types of skin cancer in Jordan

Methods: This retrospective study includes skin biopsy specimens received from January 2022 to December 2023 at the Department of Pathology, King Abdullah University Hospital.

The histopathological diagnoses and demographic data were collected and summarized in a Microsoft Excel sheet. Data was analyzed using descriptive and graphical statistical methods. Continuous variables were summarized using means and standard deviations (SD), categorical variables were presented as frequencies and percentages. All analyses and figures were performed using R statistical software (Vienna, Austria).

Results: A diverse cohort of 1,184 patients, with a mean age of 45 years was retrieved. The most common clinical presentations are papules (33.37%) and plaques (32.92%). Malignancies were identified in 10.48% of cases with a predominance of basal cell carcinoma (BCC) (5.49%), and squamous cell carcinoma (SCC) (3.13%), Notably, seborrheic keratosis (22.80%) and warts (14.36%) were the most frequent benign lesions, which are often clinically misidentified, emphasizing the role of histopathology for definitive diagnosis. Histopathologically, benign tumors constituted the largest category (19.51%), followed by eczema (14.48%) and pigmentary disorders (14.40%).

Keywords: Skin diseases, Skin biopsy, Histopathology, Skin cancer, Jordan, Epidemiological patterns, Histological diagnosis

BACKGROUND:

The skin is the largest organ in the human body, and it serves many functions, including protection against microbial infections, regulation of body temperature, and perception of various sensations. The histological components of the skin are mainly classified into three main compartments: the epidermis and adnexa, the melanocytic system and dermis, and the subcutaneous tissue [1].

Skin biopsies are performed to identify or rule out malignancies and other skin conditions. They can be applied to remove a segment of aberrant skin or just a portion of it. There are three main procedures for collecting skin biopsies. The first is a shave biopsy, which involves removing a superficial, thin layer of skin using a blade. This type of biopsy includes the epidermis and a small amount of the dermis. Shave biopsies are used to diagnose superficial malignancies that appear on the skin surface and other non-cancerous superficial lesions. The second procedure is punch biopsy; a punch biopsy is done using a circular tool and includes a small section of skin with deep layers. A punch biopsy is used to diagnose cancerous and other skin conditions including non-cancerous growths or skin infections. The third procedure is an excisional biopsy; an excisional biopsy is mainly performed to remove a malignant skin lesion with a safety margin of surrounding normal-appearing skin down to the subcutaneous fat. An excisional biopsy is typically done when the entire lesion or tumor needs to be removed. Often, an excisional biopsy is done after the initial diagnosis is found through a punch biopsy [2].

Skin diseases cause disabilities and stress and are a major health problem affecting a high proportion of the population [3]. Determining the epidemiology of

dermatological diseases accurately at the national and international levels has proven difficult. The fact that environmental variables and habits influence skin health and illness in addition to innate risk factors, exacerbates the issues with these classifications.

The Diagnostic Value of Histopathology in Cutaneous Disorders

Histopathological evaluation remains the gold standard for diagnosing benign and malignant skin disorders and is extremely important for helping dermatologists comprehend the overall pattern of skin illnesses, manage them, and establish a suitable clinicopathological correlation [4]. Given the wide clinical overlap among various skin disorders, clinical evaluation alone is often insufficient for a definitive diagnosis. Histopathological examination provides detailed insights into the microscopic architecture and cellular characteristics of skin lesions, allowing for differentiation between inflammatory, infectious, autoimmune, and neoplastic conditions, particularly in diagnosing atypical lesions where clinical presentation may be nonspecific. Integrating histopathological analysis into dermatological practice enhances diagnostic accuracy, ensures appropriate therapeutic decisions, and improves patient outcomes.

Gender Disparities in Health-Seeking Behavior and Diagnostic Challenges in Skin Diseases

Gender differences significantly influence health-seeking behaviors and diagnostic outcomes in dermatology. Women are generally more proactive in seeking medical advice for skin-related concerns, especially those involving cosmetic or pigmentary disorders. In contrast, men tend to delay medical consultation until symptoms worsen

or interfere with daily functioning. This behavior is particularly concerning in the context of potentially malignant skin lesions, where early detection is critical. Studies have shown that men are more likely to present with thicker melanomas and more advanced stages of non-melanoma skin cancers, contributing to poorer prognoses [5].

The diagnostic differentiation between benign and malignant skin lesions

This presents a persistent clinical challenge. Many benign lesions, including seborrheic keratoses, melanocytic nevi, and lentiginos, can clinically mimic malignancies such as melanoma, basal cell carcinoma (BCC), or squamous cell carcinoma (SCC). Conversely, early melanomas may be mistaken for benign lesions due to their subtle or atypical appearance [6]. This clinical ambiguity often necessitates histopathological examination, which remains the gold standard for definitive diagnosis.

Further complexity arises in patients with darker skin tones, where pigmentation patterns and late presentation can obscure or mimic malignancy, potentially contributing to under diagnosis and worse outcomes [7]. Additionally, chronic sun exposure and actinic damage can cause reactive changes in benign lesions that histologically resemble dysplasia or malignancy, complicating interpretation [8].

To address these challenges, there is a need for increased public education, improved access to dermatologic services, and the development of diagnostic tools—such as dermoscopy and AI-assisted imaging—that enhance accuracy in early detection. Tailoring these interventions to account for gender and demographic differences is essential for improving dermatological outcomes.

Literature review:

Globally, skin and subcutaneous diseases represent a major public health concern, ranking among the top causes of disability-adjusted life years (DALYs). According to the Global Burden of Disease Study 2021, fungal (34%) and bacterial (23%) infections account for the majority of new cases, while viral and inflammatory conditions such as dermatitis, acne, scabies, and urticaria also contribute substantially to morbidity [9]. Notably, viral skin diseases alone had over 130 million prevalent cases and 84.7 million incident cases in 2021, with higher age-standardized incidence rates in adolescents and developed countries [10].

In the Middle East, the burden of skin disease reflects these global trends. Specifically, Syrian refugees in Jordan show high rates of dermatitis and infectious diseases, including fungal infections in communities and viral outbreaks in camp settings [11].

WHO's commitment to addressing skin diseases has been reinforced through recent global initiatives and resolutions. A landmark 2025 World Health Assembly resolution reframes skin disease from a cosmetic concern to a priority public health issue, encouraging the integration of diagnosis, treatment, and training into Universal Health Coverage—especially in low-resource settings [12].

The list of the most common dermatologic problems likely remains approximately the same across the Middle East, although their rank order may fluctuate. The majority of the information about the most prevalent dermatological disorders in the Middle East derives from Saudi Arabian research projects, where several studies were performed in different hospitals and regions across Saudi Arabia, and the literature is rich in

dermatology-based disease diagnosis.

According to a systematic review of studies from Saudi Arabia, the top four most commonly diagnosed skin disorders are diseases of skin appendages, inflammatory dermatitis, skin infections, and pigmentary disorders [13].

A study from Western Saudi Arabia, in which a retrospective review of all skin biopsies received and reported by the Department of Pathology, King Abdulaziz University Hospital, Jeddah, between January 2005 and December 2010 included: 360 skin biopsies which showed that vesiculobullous diseases, dermatitis, and infections were the three most common non-neoplastic skin diseases, and the most common neoplastic were benign non-melanocytic neoplasms [14].

A retrospective record-based study on Saudi patients who attended the dermatology clinics at Qassim University Medical City, for 12 months, from 2021/08/26 to 2022/07/1 included 2775 Saudi patients. The top most common diagnoses were pilosebaceous disorders with acne vulgaris being the predominant condition, followed by hair disorders, dermatitis, and pigmentary disorders [15].

In Egypt, the prevalence of skin disease infections constituted the most common dermatosis cases. This was seen in a study performed in Cairo, in which the medical records of patients attending dermatology outpatient clinics at Ain Shams University Hospitals from January 2001 to December 2001 were retrieved. Valid data from 7528 patients were included in the study. Infections constituted most of the dermatoses (45.4%), and scabies was the most common disease (9.26%). Hypersensitivity diseases represented (22%) [16].

In the United Arab Emirates, electronic medical records obtained from the outpatient clinic of the Dermatology Department at Rashid Hospital, from January 1, 2021, to January 1, 2022, were retrospectively assessed. A total of 5969 new patient encounters were recorded in 12 months, a majority of whom were female patients, (59.1%). The four most frequently encountered conditions were the following: acne (17.6%), unspecified dermatitis (9.9%), atopic dermatitis (5.5%), and viral warts (4.5%) [17].

The pattern of skin diseases in Saudi Arabia and neighboring countries reveals a consistent prevalence of disorders related to skin appendages, dermatitis, infections, and pigmentary changes. Acne vulgaris and other pilosebaceous disorders are especially common among the Saudi population, with regional variations highlighting additional trends such as vesiculobullous diseases and benign neoplasms. In contrast, infections, particularly scabies, dominate the dermatological landscape in Egypt. These findings underscore the importance of region-specific epidemiological data in guiding dermatological care, resource allocation, and public health strategies.

In Jordan, the histopathologic-based skin disease studies are scant. Dermatologists published most of the articles in recent literature, and predominantly emphasized the clinical procedures and differential diagnoses of lesions. Almaaita performed a study in Dermatology and Pediatrics clinics at King Hussein Medical Centre (KHMC, Amman-Jordan) and Prince Ali bin AL Hussein Hospital (Al Karak-Jordan). This was a prospective study based on clinical rather than histopathological data exploring the prevalence of skin diseases in Jordanian children. This study showed that infectious

dermatoses were encountered in 46.85% of the cases, and noninfectious dermatoses in 53.15%. Pityriasis alba was the most commonly found dermatosis (27.1%) followed by viral warts (22.4%) [18]. There are no data on disorders in adults or children confirmed by histopathology available in Jordan.

Study objectives and aims

This study aimed to understand the distribution of biopsy-confirmed skin diseases among different age groups in Jordan and as part of the Middle East to aid a better understanding of the epidemiology of skin diseases in different parts of the world

This study was designed to determine the prevalence of skin disease patterns and diagnoses among Jordanians and to describe their association with various sociodemographic factors such as age, sex, and tobacco use

Methods:

This was a retrospective study that included skin biopsy specimens received from January 2022 to December 2023 at the Department of Pathology, King Abdullah University Hospital. King Abdullah University Hospital is located in Ramtha and is the key referral and tertiary care hospital in the Northern Jordan with a capacity of more than 500 beds.

The specimens for which the records were reviewed were prepared by using the routine pathological methods for histopathology specimens. These were preserved in 10% buffered formalin as a fixative and were stained with Hematoxylin and eosin staining and with special and immunohistochemical supplementary staining in certain cases. A consultant histopathologist provided reports on the skin biopsies.

Each patient's dermatological diagnosis, gender, and age were recorded. Records that

did not include any of the above variables were excluded.

Inclusion Criteria

- Cutaneous biopsy specimens accompanied by comprehensive clinical documentation
- Cases with a confirmed and definitive histopathological diagnosis

Exclusion Criteria

- Cases with incomplete or insufficient clinical information
- Biopsy specimens with no pathological abnormalities (i.e., histologically normal skin)
- Recurrent lesions with prior identical histopathological diagnoses

Statistical Method

Data were analyzed using descriptive and graphical statistical methods. Continuous variables, such as age, were summarized using means and standard deviations (SD), while categorical variables, including gender, occupation, tobacco use, lesion type, and biopsy diagnosis patterns, were presented as frequencies and percentages. A baseline characteristics table was generated to report continuous variables as mean (SD) and categorical variables as n (%), with missing data indicated where applicable.

Graphical visualization included a donut plot to illustrate the distribution of histopathological diagnoses and an alluvial plot to display the flow between clinical lesion types and grouped histopathological outcomes. Plots were created using ggplot2 and ggalluvial packages in R. All analyses and figures were performed using R statistical software (Vienna, Austria).

Ethical approval:

This study received ethical approval from the research ethics on the human board committee at Yarmouk University, Institutional Review Board under reference

number (IRB/2024/070), and all procedures were conducted following the relevant guidelines and regulations.

Results

The study included a total of 1,184 participants with a mean age of 44.92 years (SD = 19.20). Among them, 58.45% were female (n = 692) and 41.55% were male (n = 492). Regarding occupation, most participants were employed (50.00%), while the rest were housewives (12.50%), retired individuals (16.67%), students (16.67%), or unemployed (4.17%). Concerning tobacco

use, 21.90% of participants reported current use, and 26.41% reported previous use. Regarding the clinical type of lesion observed, papules were the most common presentation (33.37%), followed closely by plaques (32.92%) and patches (25.90%). Less common lesion types included other forms (11.09%), nodules (9.73%), and macules (8.48%).

Sociodemographic data and clinical characteristics of the study population is illustrated in **Table 1**

Table 1: Sociodemographic and Clinical Characteristics of the Study Population.

Characteristic	N = 1,184*
Age	44.92 (19.20)
Gender	
Female	692 (58.45%)
Male	492 (41.55%)
Use of Tobacco Currently	136 (21.90%)
Use of Tobacco Previously	164 (26.41%)
Type of Lesion	
Papule	295 (33.37%)
Plaque	291 (32.92%)
Patch	229 (25.90%)
Other	98 (11.09%)
Nodule	86 (9.73%)
Macule	75 (8.48%)
Specific Lesions	
Basal Cell Carcinoma	65 (5.49%)
Seborrheic Keratosis	27 (2.28%)
Warts	17 (1.44%)
Squamous Cell Carcinoma	37 (3.13%)
Pattern Diagnosed on Biopsy	
Benign Tumor	229 (19.51%)
Eczema	170 (14.48%)
Pigmentary Disorders	169 (14.40%)
Non-Specific	158 (13.46%)
Malignancy	123 (10.48%)
Interface Dermatitis	94 (8.01%)
Other	52 (4.43%)

Characteristic	N = 1,184*
Connective Tissue Disorders	41 (3.49%)
Vasculitis	40 (3.41%)
Infection	38 (3.24%)
Papulosquamous Disorders	36 (3.07%)
Alopecia	30 (2.56%)
Granulomatous Diseases	21 (1.79%)
¹ Mean (SD); n (%)	
*Some numbers do not add up to 100% Due to missing data	

Specific lesion diagnoses included warts (14.36%), seborrheic keratosis (22.80%), squamous cell carcinoma (3.13%), and basal cell carcinoma (5.49%). Histopathological analysis of biopsy samples revealed that the most frequently diagnosed patterns were benign tumors (19.51%), followed by eczema (14.48%), pigmentary disorders and reactive changes, such as vitiligo and post-inflammatory hyperpigmentation (14.40%),

and non-specific findings (13.46%). Malignancies were diagnosed in 10.48% of cases, and interface dermatitis in 8.01%. Less commonly observed patterns included other findings (4.43%), connective tissue disorders (3.49%), vasculitis (3.41%), infections (3.24%), papulosquamous disorders (3.07%), alopecia (2.56%), and granulomatous diseases (1.79%). The biopsy diagnosis distribution is illustrated in **Figure 1**.

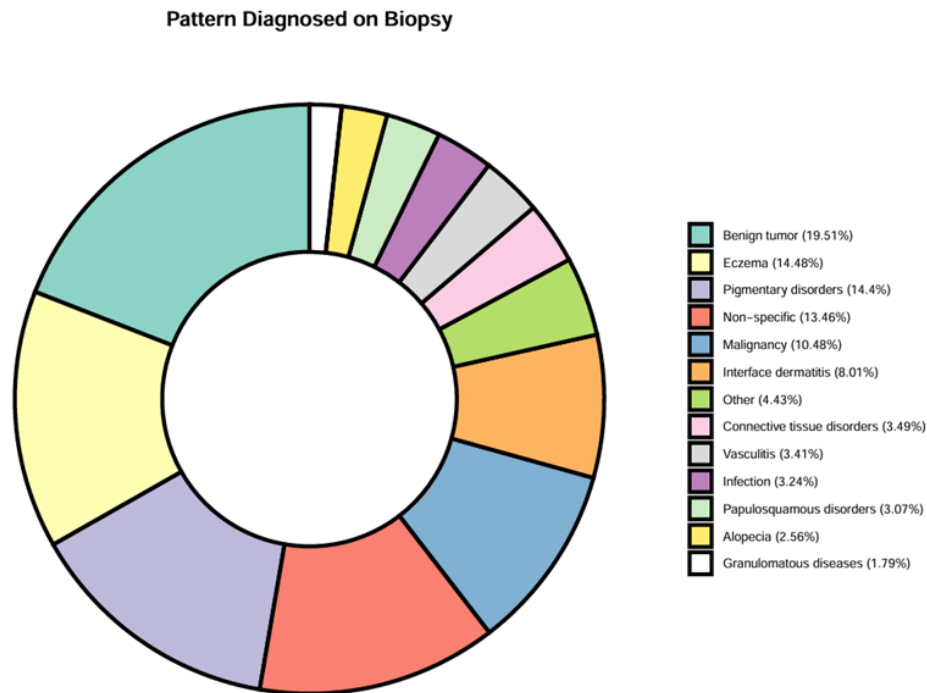


Figure 1: Distribution of Biopsy Diagnoses Among Skin Lesions.

Table 2: Distribution of Biopsy Patterns by Gender and Corresponding Mean Age

Characteristic	Female N = 692 ¹	Male N = 492 ¹	Age ²	Smoking
Pattern diagnosed on biopsy				
Patch	132 (25.93%)	97 (25.87%)	42.06 (18.53)	30 (30.00%)
Macule	38 (7.47%)	37 (9.87%)	41.8 (16.98)	16 (16.00%)
Plaque	163 (32.02%)	128 (34.13%)	44.82 (20.64)	28 (28.00%)
Papule	174 (34.18%)	121 (32.27%)	43.16 (20.64)	29 (29.00%)
Nodule	48 (9.43%)	38 (10.13%)	47.68 (18.47)	10 (10.00%)
Other	41 (8.06%)	57 (15.20%)	48.32 (22.60)	16 (16.00%)
¹ n (%) ² Mean (SD)				

Correlation Between Dermatopathological Diagnoses and Patient Factors: Smoking Status, Gender, and Age

The correlation analysis revealed several statistically significant associations between dermatopathological diagnoses and patient factors. Neoplastic and pre-neoplastic conditions showed the strongest association with age ($p < 0.001$, point-biserial $r = 0.1626$), indicating a moderate positive correlation with increasing age. Pigmentary disorders and reactive changes were significantly associated with gender ($\chi^2 p = 0.003$, Cramér's $V = 0.056$), while inflammatory dermatoses showed significant associations with both smoking status ($\chi^2 p = 0.024$, Cramér's $V = 0.0858$) and

age ($p = 0.01$, $r = -0.0983$), reflecting weak but meaningful correlations.

Additionally, infectious diseases were significantly associated with age ($p = 0.008$, $r = -0.1053$), suggesting a weak inverse relationship. Although alopecias and hair disorders did not reach statistical significance, there was a near-significant trend with gender ($p = 0.071$, Cramér's $V = 0.03$). Other diagnostic categories, including "Other", did not show significant associations with smoking, gender, or age (all $p > 0.05$). Correlation between dermatopathological diagnoses and patient factors: smoking status, gender, and age are summarized in **Table 3**

Table 3: Correlation Between Dermatopathological Diagnoses and Patient Factors: Smoking Status, Gender, and Age

Diagnosis	Smoking		Gender		Age	
	P value ^a	Camer's V	P value ^a	Camer's V	P value [£]	Point-Biserial (r)
Inflammatory Dermatoses	0.024	0.0858	0.2	0.0166	0.01	-0.0983
Neoplastic Pre Neoplastic	0.13	0.0559	0.4	0.0191	<0.001	0.1626
Infectious Diseases	0.7	0.0	0.2	0.0184	0.008	-0.1053
Alopecia Hair Disorders	0.2	0.0432	0.071	0.03	0.1	-0.0588
Pigmentary Disorders Reactive Changes	>0.9	0.0	0.003	0.056	0.42	-0.0321
Other	0.7	0.0114	0.2	0.0201	0.1	-0.0634
^a Chi-square [£] Point-Biserial Correlation						

DISCUSSION

This study provided a comprehensive overview of the sociodemographic characteristics, clinical presentations, and histopathological diagnoses among a diverse cohort of 1,184 patients. The findings shed light on the most prevalent skin lesions and their pathological correlates, contributing valuable data to the understanding of skin disease patterns in the studied population. The mean age of participants was 44.92 years, with a wide age range reflected by a standard deviation of 19.20 years, indicating the inclusion of both younger and older individuals.

Age distribution analysis further revealed that lesions categorized as “other,” along with nodules and plaques, were associated with higher mean ages, whereas macules, papules, and patches were more common in younger individuals. This suggests that certain lesion types may be more prevalent or clinically significant in older populations, possibly reflecting chronicity or delayed diagnosis. The observed age-dependent patterning may also be indicative of the natural history or progression of certain dermatological conditions.

The predominance of female participants (58.45%) may reflect gender-based health-seeking behaviors, where females are generally more likely to seek medical attention for dermatologic conditions.

However, gender-based variations were evident in the distribution of less frequent lesion types. Notably, lesions classified as “other” were significantly more prevalent among males (15.20%) compared to females (8.06%), potentially reflecting differences in exposure to occupational or environmental factors, or variation in health-seeking behaviors between genders.

Tobacco use was notably prevalent, with

over one-fifth of participants (21.90%) reporting current use and 26.41% indicating previous use. Tobacco is a well-known risk factor for both benign and malignant dermatologic conditions, particularly squamous cell carcinoma and various inflammatory dermatoses.

The relationship between lesion type and smoking status provides additional insights. Papules, patches, and plaques were the most commonly observed lesions among smokers, while nodules and macules were less frequent. Furthermore, the inflammatory and immune-modulatory effects of smoking may influence lesion morphology and severity, thereby increasing the likelihood of these lesions being biopsied for diagnostic confirmation.

Clinically, papules (33.37%) and plaques (32.92%) were the most commonly reported lesion morphologies, followed closely by patches (25.90%). These forms frequently manifest in a wide range of dermatologic conditions, including inflammatory disorders (such as eczema and psoriasis), benign neoplasms, and early-stage malignancies. Nodules and macules were less frequently observed but are often associated with more specific diagnostic challenges, particularly in differentiating benign from malignant processes. The diversity in lesion types emphasizes the importance of morphological assessment as a key diagnostic tool in dermatology.

An essential component in the accurate diagnosis of dermatological conditions is comprehensive clinical data for interpretation by the pathologist. Dermatopathology uniquely relies on robust clinicopathological correlation, as many skin disorders exhibit overlapping histopathological patterns that are nonspecific. Clinical information—including lesion morphology, distribution, duration, associated

symptoms, and response to prior treatments—provides critical context that guides the pathologist in narrowing the differential diagnosis and selecting the most appropriate diagnostic criteria. Effective communication between dermatologists and pathologists is crucial to optimize diagnostic accuracy and improve patient outcomes in dermatology practice. Histopathological analysis showed that benign tumors were the most frequently diagnosed category (19.51%), which was consistent with the observed high frequency of papular lesions. Eczema (14.48%) and pigmentary disorders (14.40%) also featured prominently, reflecting the common prevalence of chronic inflammatory and pigment-altering dermatoses in clinical practice. Notably, malignancies accounted for 10.48% of cases, underscoring the critical role of biopsy in early detection and management of cutaneous neoplasms. Basal cell carcinoma (5.49%) and squamous cell carcinoma (3.13%) were the most common malignant entities identified, aligning with global epidemiological patterns.

The “non-specific” histopathological category (13.46%) raised important clinical implications, as such diagnoses often reflect limitations in sampling, lesion evolution, or overlapping histological features. These cases warranted further diagnostic work-up and interdisciplinary evaluation for a conclusive diagnosis. Interface dermatitis (8.01%) and connective tissue disorders (3.49%) also highlighted the significance of autoimmune and inflammatory dermatoses in the studied population.

Interestingly, the mapping of clinical lesion types to histopathological outcomes (Figure 2) revealed that papules and plaques were primarily associated with inflammatory and neoplastic processes. This association reinforces the need for histologic confirmation in ambiguous or persistent

lesions, particularly when clinical features overlap. The variable histological outcomes observed in nodules and “other” lesion categories suggest a wider differential diagnosis, necessitating a high index of suspicion and often multiple diagnostic approaches.

Overall, the findings emphasized the heterogeneity of dermatological conditions and the important role of histopathology in confirming clinical suspicions. The diversity of diagnoses identified highlighted the necessity of maintaining a broad differential diagnosis, especially in settings with limited dermatologic subspecialty support.

The predominance of basal cell carcinoma (BCC) (5.49%) among specific lesion diagnoses reinforced its status as the most common skin cancer globally, particularly in middle-aged to older populations. In contrast, squamous cell carcinoma (SCC) represented a smaller proportion (3.13%), in line with its relatively lower incidence but more aggressive nature. Notably, seborrheic keratosis (22.80%) and warts (14.36%) were the most frequent benign lesions, which are often clinically misidentified, emphasizing the role of histopathology for definitive diagnosis.

The correlation between lesion morphology and histopathologic diagnosis, particularly the association of papules and plaques with both inflammatory and neoplastic entities, emphasizes the clinical complexity in distinguishing lesion etiology based on appearance alone. Nodular lesions, often more concerning, showed the greatest histopathological variability, warranting careful evaluation and a low threshold for biopsy.

CONCLUSION

This study highlighted the wide clinical and histopathological diversity of cutaneous lesions encountered in routine dermatological practice.

The findings underscored the importance of histopathological examination in confirming diagnoses, particularly given the overlap between clinical presentations of benign, inflammatory, and malignant conditions. Basal cell carcinoma emerged as the most frequent malignancy, while benign tumors and inflammatory dermatoses were predominant in the overall histologic spectrum. These insights support a multidisciplinary diagnostic approach, integrating clinical and histopathologic data to ensure accurate diagnosis and optimal patient management.

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Competing interest:

The authors declare that they have no competing interests.

Author contribution statement:

Conceptualization: [Dr. Nesreen Bataineh, Dr. Maram Abduljaleel]; **Methodology:** [Dr. Nesreen Bataineh, Dr. Maram Abduljaleel, Dr. Anwar Rjoop]; **Data Collection:** [Dr. Nesreen Bataineh, Dr. Muath Rjoob, Mohannad Al-Bakain]; **Formal Analysis and Interpretation:** [Dr. Nesreen Bataineh, Dr. Maram Abduljaleel, Dr. Anwar rjoob]; **Writing – Original Draft:** [Dr. Nesreen Bataineh]; **Writing – Review & Editing:** [Dr. Muath rjoob, Dr. Anwar Rjoop]; **Supervision:** [Dr. Nesreen Bataineh]; All authors have read and approved the final manuscript.

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أنماط الأمراض الجلدية المُشخّصة بالخزعات في الأردن

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الملخص

الخلفية: والأهداف: رغم الانتشار الواسع للأمراض الجلدية بين البالغين في الأردن، إلا أن البيانات المتوفرة حول توزيع هذه الأمراض والمُثبتة بالخزعات لا تزال محدودة، حيث إن معظم الدراسات السابقة اعتمدت على التشخيص السريري فقط دون الربط بنتائج الخزعات النسيجية. **الأهداف:** يهدف هذا البحث إلى تحديد أنماط وتشخيصات الأمراض الجلدية المؤكدة بالخزعات لدى السكان الأردنيين، ودراسة توزيعها وفقاً للمتغيرات الديموغرافية، بالإضافة إلى تقييم الأنواع الشائعة لسرطانات الجلد في الأردن.

المنهجية: أجريت هذه الدراسة بأثر رجعي على عينات خزعات جلدية استُلمت في قسم علم الأمراض بمستشفى الملك عبد الله الجامعي خلال الفترة من يناير 2022 حتى ديسمبر 2023. تم جمع البيانات النسيجية والديموغرافية وتلخيصها باستخدام برنامج Microsoft Excel، ثم تحليلها باستخدام الأساليب الإحصائية الوصفية والرسمية. لخصت المتغيرات المستمرة باستخدام المتوسطات والانحرافات المعيارية، بينما عُرضت المتغيرات الفئوية على شكل تكرارات ونسب مئوية. أُجزت جميع التحليلات والرسوم البيانية باستخدام برنامج R الإحصائي (فيينا، النمسا). **النتائج:** تم تحليل بيانات عينة متنوعة شملت 1184 مريضاً بمتوسط عمر بلغ 45 عاماً. كانت أكثر الأعراض السريرية شيوعاً هي الحطاطات (33.37%) واللويحات (32.92%). وُجدت الأورام الخبيثة في 10.48% من الحالات، وتصَدَّرها سرطان الخلايا القاعدية (5.49%) يليه سرطان الخلايا الحرشفية (3.13%). ومن الجدير بالذكر أن التقرن الدهني (22.80%) والتآليل (14.36%) كانت من أكثر الآفات الحميدة شيوعاً، والتي غالباً ما تُشخَّص سريريًا بشكل خاطئ.

الاستنتاج: تؤكد أهمية الفحص النسيجي للوصول إلى التشخيص النهائي والدقيق. نسيجيًا، شكَّلت الأورام الحميدة الفئة الأكبر (19.51%)، تلتها الإكزيما (14.48%) واضطرابات التصبغ (14.40%).

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