

A STUDY OF GERIATRIC DERMATOSES

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A total of 200 patients aged 55 years and above were studied for cutaneous changes associated with ageing. The majority of patients (66%) were found to be in the age group of 55 to 64 years, of these 63% were males and 37% females. Pruritus was the commonest complaint in 78.5%. A variety of cutaneous lesions were observed. The commonest were cherry angiomas, seborrhoeic keratosis and naevus cell naevi. Not a single case of cutaneous malignancy was seen. Only 34.5% of the total dermatoses were found to be of infective aetiology. Diabetes was the most commonly associated systemic ailment. A psychosomatic background was observed in nearly 9.5% of the cases.

Key Words : Geriatrics, Dermatoses

Introduction

Diseases of the aged are becoming increasingly important, as the gradual increase in the life expectancy in the last few decades. This has led to greater interest in the diseases of the aged. There have been several studies on the incidence of geriatric dermatoses, however there are no reports in Indian literature. The present study gives an insight into different types of dermatological problems of the aged, their incidence, the various factors contributing to it and the association with systemic diseases.

Materials and Methods

The study was carried out on 200 patients, aged 55 years and above, who attended the out-patient department. A detailed history was taken and a general, systemic and cutaneous examination was carried out. All cutaneous and mucosal lesions present were recorded. Relevant investigations, which included haemogram, biochemical tests, cytology and a skin biopsy, were performed.

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Results

Of the 200 patients, 126 (63%) were males and 74 (37%) were females. There were 132 (66%) patients belonging to the 55-64 years age group and only 51 (25.5%) belonging to the 65-75 years age group. Only 17 (8.5%) patients were above 75 years of age. The oldest patients were two 85-year-old males.

Pruritus was the commonest complaint (78.5%) observed. Of which 3.8% of the patients had senile pruritus and the rest were associated with cutaneous dermatoses (91.1%) and systemic diseases (5.1%).

Table I shows the different types of cutaneous lesions observed. The less commonly encountered dermatoses were herpes zoster, stasis dermatitis, pyoderma, leprosy, seborrhoeic dermatitis, Favre-Racouchot syndrome, scabies, xanthelesma palpebrarum, nummular eczema, photodermatitis, autosensitization dermatitis, bullous pemphigoid, asteatotic eczema, pemphigus vulgaris, lichen planus, urticaria, miliaria, erythroderma and warts.

The rare skin conditions observed were stellate pseudoscars, milia, pseudoacanthosis nigricans, bedsore, rhinophyma, freckles, primary syphilis, tuberculosis verrucosa cutis,

Table I. Incidence of Common Skin Findings in the Elderly

Diseases	Male		Female		Total	
	No.	%	No.	%	No.	%
Cherry angiomas	63	31.5	36	18	99	49.5
Seborrhoeic keratosis	48	24	27	13.5	75	37.5
Naevus cell naevi	44	22	21	10.5	65	32.5
Fissured soles	40	20	20	10	60	30
Idiopathic guttate hypomelanosis	34	17	15	7.5	49	24.5
Achrochordon	22	11	18	9	40	24.5
Vitiligo	15	7.5	23	11.5	38	19
Fungal infections	19	9.5	18	9	37	18.5
Lichen simplex chronicus	16	8	8	4	24	12
Lentigenes	13	6.5	11	5.5	24	12
Comedones	18	9	5	2.5	23	11.5
Psoriasis	13	6.5	8	4	21	10.5
Senile purpura	8	4	10	5	18	9
Callosities	10	5	8	4	18	9
Contact dermatitis	7	3.5	8	4	15	7.5
Xerosis	9	4.5	5	2.5	14	7
Telangiectasia	5	2.5	7	3.5	12	6

pellegra, Stevens Johnson syndrome, fixed drug eruption, atopic dermatitis, ichthyosis vulgaris, lichen sclerosis et atrophicus, acrosclerosis, panniculitis and parapsoriasis.

Oral cavity involvement was seen in 75 (37.5%) cases. Pigmentation of the oral mucosa was found in 34 patients, it was mainly due to the habit of chewing tobacco and betel nut. Nicotine palate was seen in 2 patients and lichen planus in one patient. The incidence of angular cheilitis was found to be surprisingly low (1%). Candidiasis of the genitals was seen in 3 patients of which one had underlying diabetes.

Twenty patients had male pattern baldness and 94 patients had diffuse alopecia.

The nails were lustreless (20.5%), showing longitudinal ridging (19.5%), discolouration (16%), onychorrhexis (8%), subungual hyperkeratosis (7%), ebonization (6.5%) and showed deformity in 12 cases (6%).

The infective dermatoses constituted 34.5% of the total. Fungal infection (17.5%) were the commonest, followed by bacterial

(8.5%) and viral (5%).

In 27 cases (13.5%) the external factors were directly responsible for causing the dermatoses. The common items included plastic and leather footwears, varnishes, detergents, cosmetics including hair dye. Sunlight was the perpetuating factor in 3 cases of photodermatitis and 4 cases of Favre-Racouchot syndrome. The common household remedies used by patients to treat skin diseases included camphor, mustard seeds, neem leaves, turmeric powder, soda bicarb and spices.

Associated systemic ailments were observed in 70 (35%) patients. Diabetes (9%) was the commonest, followed by hypertension anaemia, asthma, ischaemic heart disease, pulmonary tuberculosis.

A psychosomatic background was observed in nearly 9.5% of the cases, in whom lichen simplex chronicus was the commonest association.

Discussion

The present study was carried out on

200 patients aged 55 years and above. The males outnumbered the females which was the reverse of that observed in Lane and Rockwood's study.¹

Pruritus constituted the major complaint (78.5%) in the study. This was much higher than the pruritus reported by Beauregard and Gilchrests (29%).⁵ Old age is usually associated with dry and atrophic skin which is responsible for essential pruritus. The incidence of essential pruritus in our study was 3.8%. The incidence of cherry angiomas was found to be 49.5%, which was the same compared to that reported by Beauregard et al (53.7%),⁵ but significantly lower than that reported by Tindall et al (86%).²

The incidence of seborrheic keratosis was 37.5% which was lower than in some studies^{2,5} and higher than in some.^{1,6} The face and back were the most frequently involved sites, followed by chest. A similar distribution of the lesions was observed by Verbov.³ The incidence of naevus cell naevi was 32.5% which was lower than the other studies.^{2,5}

Fissuring of soles was seen in 30% of the patients. This finding has not been reported in any of the studies. This is probably due to the habit of being barefooted in the home in India.

Idiopathic guttate hypomelanosis was seen in 24.5% of cases especially over the sunprotected sites. A similar incidence was observed by Beauregard et al (25.4%).⁵ In one series of 452 patients, it was seen in only 20% of patients between the ages of 20 and 30 but in 80% of patients over the age of 70.⁷ The incidence of achrochordon observed was 20%. Tindall et al² reported a higher incidence (56%).

The incidence of vitiligo was found to be higher (19%) as against reported by Weisman (1.4%).⁴ The overall incidence of vitiligo in India is about 3-4%.⁸ The incidence of fungal infections was found to be lower (18.5%) as compared to the study by Tindall et al (79%).² Diabetes was seen in 6 patients. These had recurrent and extensive fungal infections which often gives a clue to an underlying diabetic state.

Hence, it can be seen that although old age has a large number of cutaneous diseases associated with aging, the skin of these individuals are also prone to external insults as the nature of the skin changes with age.

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