

A STUDY OF DERMATOLOGICAL DISORDERS IN GERIATRIC AGE GROUP

S K Sayal, S Rajbhandari, A K Malik, C M Gupta

A total of 320 patients of more than 60 years of age were studied for dermatological changes with aging. The male female ratio of patients was 3:1. Majority of cases (60.6%) were between 60-65 years of age. Pruritus was present in 37.5% cases, wrinkles in 82.1%, senile lentigenes in 57.8%, seborrhoeic keratosis in 48.8%, cherry angioma in 48.1%, idiopathic guttate hypomelanosis in 43%, skin tags in 37%, xerosis in 28%, comedones in 19%, infection and infestation in 40%, eczematous disorders in 36.9%, papulosquamous disorders in 10%, metabolic disorders in 16%, pigmentary disorders in 8.7%, keratinisation disorders in 4.1%, vesiculobullous disorders in 2.8% and associated systemic disorders in 49.7% cases.

Key words : Geriatric, Dermatological disorders

Introduction

The growth of the aged population throughout the world has been constant during the past few decades. This trend has attracted the attention to the health care of the elderly leading to establishment of geriatrics. The dermatological disorders in old age are not only due to physical consequences of aging skin but also due to the effect of prolonged environmental exposure, especially UV radiation. Social and psychological circumstances also influence skin in old age. Almost half of all elderly individuals have at least one skin disorder that warrants a clinical evaluation. There have been a few reports on incidence of geriatric dermatoses in western literature. However there is paucity of similar such studies in Indian literature. The present study was therefore taken to the dermatological problems of the aged in Indian context.

Subjects and Methods

The material for this study comprised of 320 patients above 60 years of age attending dermatology department of Command Hospital (Southern Command), Pune during the period from Oct 1995 to Nov 1996. In addition to recording of detailed history, each patient underwent a detailed general physical, systemic and dermatological examination. All cutaneous and mucosal lesions were recorded in detail. All the relevant investigations which included haemogram, biochemical tests and cytological examination were carried out. Skin biopsy was done from representative sites of the skin, as and when indicated.

Results

A total of 320 patients were studied, of which 240 (75%) were males and 80 (25%) females. Agewise distribution showed 194 (60.6%) cases between 60-65 years age, 73 (22%) cases in 66-70 years of age and 53 (16%) cases between 76-95 years of age. The oldest patient

From the Department of Dermatology and STD,
Command Hospital, (Southern Command) Pune - 40
Address correspondence to:
Col S K Sayal

was a 95-year-old male. Pruritus was the commonest symptom, seen in (37.5%) of cases. The findings of the study are summarised in tables I and II.

Among 128 cases of infection and infestation groups, fungal infections were commonest (68%) followed by viral infections (9.3%), leprosy (8.6%), scabies (3.9%), pediculosis (3.1%), furunculosis and paronychia in 2.3% cases each. Out of 118 eczematous disorders, contact dermatitis was seen in 38 (32.2%) cases, seborrhoeic dermatitis in 24 (20.3%), stasis eczema in 24 (20.3%) and nummular eczema in 13(11.1%). Among the miscellenous disorders, 16 cases were having lichen simplex chronicus, 8 cases had urticaria and 4 each were having palmar erythema, Schamberg's disease and telangiectasia.

Among 240 male patients, 90 (37.5%) had male pattern alopecia, while all 80 female patients were noticed to have sparsity of the scalp

Table I. Incidence of common geriatric dermatoses

Dermatosis	No of cases n-320	percentage
Wrinkles	265	82.8
Senile lentigenes	185	57.8
Seborrhoeic Keratosis	156	48.8
Cherry angioma	154	48.1
Idiopathic guttate hypomelanosis	140	43
Skin tag	121	37
Xerosis	90	28
Comedones	62	19

hair. Among metabolic disorders, diabetes was seen in 41 (21.8%) cases followed by xanthelasma palpebrarum in 7(2.2%) and cataneous amyloidosis in 6 (1.9%).

Among papulosquamous disorders, psoriasis was seen in 18 (5%) cases, lichen planus in 13(4%) and parapsoriasis in one case. Pigmentary disorders comprised of mainly vitiligo, seen in 12 (3.8%) cases followed by periorbital hyperpigmentation in 7 (2.2%) cases and postinflammatory hyperpigmentation following drug eruption in 7 (2.2%) cases. Among vesicubullous disorders, pemphigoid in 2 (0.6%) and dermatitis herpetiformis in one case each were seen.

Associated systemic disorders were observed in 159 (49.7%) cases. Common systemic disorders noticed were hypertension in 46 (28.9%) cases, diabetes mellitus in 41 (25.8), IHD in 17 (10.7%), chronic obstructive pulmonary disease in 10 (6.3%)and pulmonary tuberculosis in 9 (5.7%). Among other associated disorders varicose vein was seen in 128 (61.2%) cases, anaemia in 48 (23%) cataract in 20 (9.6%) and chronic leg ulcer in 4 (1.9%).

Table II. Incidence of other dermatoses in geriatric age groups

Disorder	No of cases n-320	Percentage
Infections/Infestations	128	40
Eczemas	118	36.9
Metabolic disorders	54	16
Papulosquamous disorders	32	10
Pigmentary disorders	28	08.7
Keratinisation disorders	13	04.1
Bullous diseases	9	02.8
Miscellaneous conditions	44	13.8

Discussion

The transition of the people to the elderly segment of the population begins at 60 years of

Table III. Comparison of geriatric dermatoses in different studies

Diseases	Present study	Patange and Fernandez ²	Beaugard and Gilcrest ³	Tindal et al ⁴
Wrinkle	82.1	-	96.0	94
Senile lentigenes	57.8	12.0	71.0	51
Seborrhoeic keratosis	48.8	37.5	61.0	88
Cherry angioma	48.1	49.5	57.0	75
Idiopathic guttate hypomelanosis	43.0	24.5	25.4	-
Skin tags	37.0	24.5	-	56
Xerosis	28.0	07.0	85.0	77
Comedone	19.0	11.5	-	81
Vitiligo	3.75	19.0	-	-
Fungal infection	27.2	18.5	17.7	79
Pruritus	37.5	78.5	29.5	-

age. True aging is a result of the interaction between genetic factors and environmental influences. The elderly patients can present with a large variety of skin lesions which occurs not only due to pathophysiological changes in the skin as age advances, but also due to prolonged environmental exposure, especially to sun. The prevalence of dermatitis in elderly person is so common that more than 60% of persons 65 years of age or more have at least one dermatosis that merits medical intervention.

The present study was carried out in 320 patients aged 60 years and above. The male and female ratio (3:1) was almost same as reported by Patange and Fernandez.² Wrinkling was the commonest finding in our study, which is comparable with studies of Beaugard (96%)³ and Tindal et al (94%).⁴ Senile lentigenes were observed in 57% of our cases, which is almost similar to the studies of Tindal et al but lower than other western studies.³ The incidence of idiopathic guttate hypomelanosis was in 43%,

which was much higher than that reported by Beaugard (25.4%) and Patange (24.5%).^{2,3} The skin tags were recorded in 37% cases in our study which was higher than the report of Patange 24.5% and lower than that reported by Tindal (56%).⁴ Senile keratosis was found only in 19.4% cases as compared to 81% cases which is higher than reported by Patange (18.5%) and Beaugard (17.7%).^{2,3} Among pigmentary disorders vitiligo was seen in 3.75% (19%). Skin malignancy was seen in only one (0.3%) case as against reported of 4.4% by Beaugard.³ This is probably because of less ultraviolet - induced damage in black skin. The occurrence of vesiculobullous disorders was also relatively low in our study. Comparison of incidence of different geriatric dermatoses in Indian and Western studies (Table III) shows that incidence of wrinkles is same all over. Incidence of seborrhoeic keratosis, cherry angioma, skin tags, xerosis, comedones is much higher in western countries than in India, while incidence of idiopathic guttate hypomelanosis and vitiligo is higher in India than western countries.

References

1. Gilcrest BA, Ballin AR, Burgdorf WHC. Geriatric dermatology. *J Am Acad Dermatol* 1986;14:121-122.
2. Pataanges VS, Fernandez RJ. A study of geriatric dermatoses. *Indian J Dermatol Venereol Leprol* 1995;61: 206-208.
3. Beaugard S, Gilcrest BA. A survey of skin problems and skin care regimens in the elderly. *Arch Dermatol* 1987; 123: 1638 - 1643.
4. Tindall JP, Graham Smith J, Durham NC. Skin lesions of the aged and their association with internal changes. *JAMA* 1963; 186: 1037-1042.