

A clinical study of skin changes in geriatric population

Sir,

As advances in medical care have prolonged lifespan and expanded the elderly demographics, there is a need to evaluate various cutaneous disorders in the growing geriatric population.

Two hundred patients aged 65 years and above, reporting to the Department of Dermatology, Command Hospital, Bangalore, between December 2005 and April 2007 were evaluated. A detailed history was recorded and complete examination carried out. Relevant investigations were performed, whenever indicated, after obtaining informed consent.

There were 153 men (76.5%) and 47 women (23.5%). Majority were of 65 to 70 years of age (110, 55%) followed by those 71 to 75 years of age (43, 21.5%). One hundred twenty-nine cases (64.5%) had associated systemic illnesses, the most common being hypertension (80, 40%) and diabetes mellitus (59, 29.5%).

Wrinkling was seen in 191 (95.5%) of cases. Most of the wrinkling was in the form of glyphic wrinkles on sun-exposed areas viz. face, neck, forearms and dorsa of hands. Generalized pruritus was present in 37 patients (18.5%) and psoriasis in 25 (12.5%). Fungal infection was the most common infection (70, 35%), followed by viral infections (10, 5%), pyodermas (4, 2%) and leprosy (3, 1.5%). Macular amyloidosis was the most common pigmentary disorder (7, 3.5%) and dermatosis papulosa nigra (DPN) the most common skin tumor (149, 74.5%). Greying of hair was present in 196 patients (98%), androgenetic alopecia in 142 (71%), vertical ridging of nails in 145 (72.5%), lusterless nails in 128 (64%) and onychomycosis in 24 (12%) patients [Table 1]. Other miscellaneous conditions are summarized in Table 2. There were no cases of malignancy.

Various studies, using different age parameters ranging from 50 to 65 years, have reported either a female (59.6%–88.2%)^[1,2] or a male predominance (55.3%–63%).^[3-5] Our study agreed with reported prevalence of associated systemic illnesses (30%–89.7%), generalized pruritus (11.5%–78.5%) and wrinkling (94%–95.6%).^[1,2,4-6] However, it exceeded for those of idiopathic guttate hypomelanosis (76.5% vs. 24.4%–49%), and lagged in senile lentiginos (10% vs. 12%–70.6%) and senile comedones (6.5% vs. 11.5%–81%).^[1,3,4,6]

Table 1: Spectrum of dermatological disorders

Dermatological conditions	Number	Percentage prevalence in entire study
Wrinkling	191	95.5
Xerosis	171	85.5
Idiopathic guttate hypomelanosis	153	76.5
Senile lentiginos	20	10
Senile comedones	13	6.5
Papulosquamous disorders	34	17
Eczemas	78	39
Infections and infestations	87	43.5
Pigmentary disorders	20	10
Benign tumors of the skin	537	74.5
Collagen vascular disorders	7	3.5
Vascular disorders	20	10
Vesiculobullous disorders	1	0.5
Keratinization disorders	25	12.5
Miscellaneous skin conditions	35	17.5

Table 2: Miscellaneous dermatological disorders

Dermatological conditions	Number	Percentage prevalence
Oral mucosal hyperpigmentation	30	15
Trophic ulcer	2	1
Delusional parasitophobia	1	0.5
Nevus sebaceous	1	0.5
Becker's nevus	1	0.5

Our study exceeded the reported ranges of infections (33.8%)^[1,4-6] and eczemas (20.4%–24.7%). Among eczemas, it exceeded those of stasis eczema (9.5% vs. 5.9%–6.2%), and trailed those of allergic contact dermatitis (3.5% vs. 7.5%–11.8%) and seborrhoeic dermatitis (2% vs. 3.9%–10.5%).^[1,4,5]

Although our study compared well with reported prevalence rates of seborrhoeic keratosis (43% vs. 24.2%–88%) and cherry angioma (63% vs. 49.5%–75%), it exceeded those of DPN (7.2%–58.8%), androgenic alopecia (57%) and achrochordons (61% vs. 24.5%), and trailed those of melanocytic nevi (27% vs. 32.5%–46.3%).^[1,3,4,6] These differences underscore the ethnic and regional variations between different study populations.

The limitations in our study could stem from a referral bias as our study population was derived from a tertiary referral Medicare center for armed forces and not the general population. In addition, the line between the physiological and the “truly” pathological becomes increasingly difficult to draw with advancing years. However, our study attempts to bring forth the

regional and ethnic variation among the physiological and pathological cutaneous disorders presenting in the geriatric population in our study group.

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