



ORIGINAL RESEARCH PAPER

Geriatric Health

PATTERN OF GERIATRIC DERMATOSES IN A TERTIARY CARE HOSPITAL - A PROSPECTIVE CROSS – SECTIONAL OBSERVATIONAL STUDY

KEY WORDS: Geriatric dermatoses, physiological changes, pathological changes

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ABSTRACT

Objective: Geriatric dermatosis is an emerging branch in the field of dermatology to know about the physiological and pathological changes related to ageing. This study was done to find out the pattern of distribution of geriatric dermatosis among elderly patients in a given population. **Materials And Methods:** This is a prospective cross sectional observational study carried out on 100 consecutive patients aged above 65 years in the department of Dermato Venereo Leprology, Kanyakumari Government Medical College Hospital, Nagercoil after fulfilling the inclusion and exclusion criteria. **Results:** Out of 100 patients studied, with male to female ratio of 4:1, xerosis was the commonest physiological changes noted followed by wrinkling. Infective dermatosis followed by allergic contact dermatitis were the commonest pathological conditions observed in our study. **Conclusion:** A thorough knowledge about the pattern of distribution of geriatric dermatosis in a selected population gives some insight regarding the epidemiology as well as gender distribution of various dermatosis among that area. This helps in the better allocation of resources, distribution of material, manpower and help the healthcare providers to serve the needy in better way.

INTRODUCTION:

With the advent of modern medicine world’s population has been getting progressed with notable transition from a state of high birth and death rates to one characterized by low birth and death rates. So the study of diseases that impact the elderly population is a crucial and growing area of interest in medicine. Dermatologist will inevitably see an increase in skin diseases specific to ageing.

Skin is a mirror of internal organs. Any pathology that involves the internal organs will be reflected over the skin. Also elderly people are more prone for dry skin which again precipitates various dermatosis.

Geriatric dermatosis include both physiological and pathological skin changes commonly encountered in elderly population. Among the physiological changes xerosis is the commonest finding in 93% of geriatric population. Pathological changes include infections, eczema, and tumors both benign and malignant. Since environmental factors including photoageing has a major impact on the intrinsic ageing process in humans, prevalence of geriatric dermatosis is different in various populations. Our study aimed at finding out the pattern of common dermatosis in geriatric population of our area.

MATERIALS AND METHODS:

100 consecutive patients aged above 65years who attended the out patient department of Dermato Venereo Leprology (DVL) of Kanyakumari Government Medical College Hospital were subjected for study.

METHOD OF DATA COLLECTION:

Both written and informed consent was obtained from the patients before starting the study. Detailed history regarding their chief complaints, present, past, personal and family history was recorded. A thorough clinical examination both general and dermatological examination was carried out. Clinical findings were recorded in a pre designed format.

Routine blood investigations including complete blood count, liver function test, renal function test, blood sugar, serum electrolytes, peripheral smear were done. Chest Xray, ultra sound abdomen was carried out in selected patients. Skin scraping for fungal filaments, nail clipping, tzanck smear, skin biopsy was done where ever indicated. Skin changes due to ageing observed were classified into physiological and pathological. Findings were recorded, tabulated and

analysed. They were compared with the observations by other studies.

RESULTS:

Among the 100 patients with age limit more than 65years studied, 72 were male (72%), 28 were female (28%). Maximum number of patients were between 65 years to 70 years. Mean age observed was 68 years. Pruritus was the chief complaints encountered in 75 patients(75%). Xerosis was the commonest physiological changes observed.

Physiological changes:

In our study xerosis was noted in 85 patients (85%). 82 patients presented with skin wrinkling (82%). Skin atrophy was observed in 58 patients (58%). Idiopathic guttate hypomelanosis was seen in 30 patients (30%). 7 patients had senile lentigenes (7%). Senile comedones was encountered in 5 patients (5%).

Pathological changes:

Infections and infestations:

Among the 100 patients studied , infections and infestations were encountered in 34 patients (34%). Fungal infection was the commonest, observed in 23 patients (23%). Among this dermatophytosis was noted in 15(15%) followed by candidiasis in 5 patients(5%), tinea versicolor in 3 patients (3%). Viral infection was encountered in 6 patients (6%). Viral wart was the commonest observed in 5 patients (5%) followed by herpes zoster in 1 patient(1%). 3 patients had bacterial infections (3%). Scabies was noted in 2 patients (2%). No patients with Hansen’s disease was observed in our study.

Papulo squamous diseases:

Eczema was the commonest disease observed in our study . 44 patients (44%) followed by lichen simplex chronicus 13 patients (13%), lichen planus 12 patients (12%). Psoriasis was noted in 9 patients (9%). 4 patients (4%) had exfoliative dermatitis.

Pigmentary diseases:

In our study 14 patients (14%) presented with pigmentary diseases. Vitiligo was the commonest 10 patients (10%) followed by melasma in 4 patients (4%).

Immuno bullous disorders:

Among the 100 patients studied 3 patients (3%) had immune bullous disorder. Bullous pemphigoid was the commonest

observed in 2 patients (2%) followed by Linear IgA bullous dermatosis in one patient (1%).

Benign tumor:

In our study 58 patients (58%) had seborrheic keratosis, followed by dermatosis papulosa nigra in 42 patients (42%). 35 patients (35%) had cherry angiomas. Achrochordon was noted in 20 patients (20%). No patient with skin malignancy was observed in our study.

Miscellaneous :

Senile purpura was observed in 6 patients (6%), varicose veins was noted in 4 patients (4%). Corn foot was seen in 3 patients (3%). 1 patient had keloid (1%).

Systemic diseases:

Among the 100 geriatric patients screened, systemic hypertension was observed in 25 patients (25%) followed by diabetes mellitus in 23 patients (23%). Ischemic heart disease was noted in 10 patients (10%), renal disease in 2 patients (2%).

DISCUSSION:

In our study various physiological changes encountered were because of photoaging superimposed with intrinsic aging. All the changes noted in our study were benign. No malignancy was observed. The lower age limit taken in our study was 65 years which was in accordance with the study done by Chopra et al (1) and Nair et al (2).

Among the 100 geriatric patients studied male preponderance was observed (72%), which was same as the study done by Ankur Ghossh et al in Jharkhand (3).

Commonest physiological changes in our study was xerosis 85% frequently noticed over legs, hands and trunks was higher than the study by Chopra et al (1) (50.8%). Pruritus was the commonest symptoms (75%) which was in concordance with the study by Patange and Fernandez who noted pruritus in 78.5% of patients (4). Pruritus is more common in elderly due to xerosis results from decrease in overall skin hydration. Also systemic disease tend to lower the threshold of itch. Even a mild stimuli can trigger an itch.

In our study higher incidence of vesiculo bullous disorder was seen 3% as compared to study by B. Rathore (5) who showed a lower incidence. The incidence of psoriasis in the present study was 9% lower than that of the study by Pantange and Fernandez (6) and Sahoo Singh et al (7)

In our study no malignancy was noted like study by Leena Ravindra (8). Among the patients with fungal infections, dermatophytosis was observed in 15 patients (15%) which is lower than the study conducted by Najdawi (8) (26.66%). Candidiasis was observed in 5 patients (5%) which was equal to the study by Nair and Vora (9) (4.5%). Higher incidence of fungal infection could be because of poor hygiene, hot climate, hyperglycemia, peripheral neuropathy, vasculopathy and decreased immune status commonly encountered in elderly patients.

Among the pigmentary disorders vitiligo was observed in 10 patients (10%), melasma in 4 patients (4%). Various studies report on incidence of vitiligo between 1.2% to 19%. Our study as well as that of Patange and Fernandez shows that the incidence of vitiligo is higher in Indian patients. Also since the vitiligo is culturally a dreaded disease in India, self referral is higher in all hypopigmentary disorder.

No leprosy patient was seen in our study. The incidence of leprosy was 1.5% in the study by Groover and Narasimhalu. No malignant skin conditions were noted in this study. This could be because of the lower incidence of skin cancers in racially pigmentary skin.

CONCLUSION:

India has 7.7% of its population as of more than 65years old .Geriatric dermatosis are because of the advanced ageing as well as environmental factors. Although most of the changes studied were harmless to the elderly, few have negative impact on the lives of geriatric population.

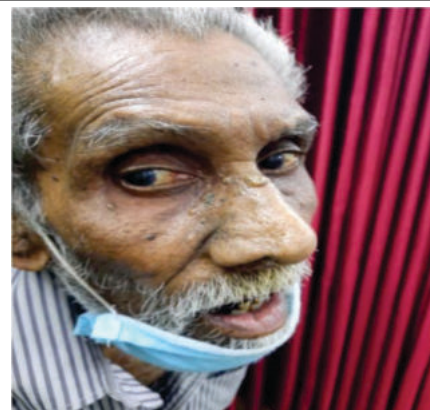
The limitation in our study include emergence of drug resistance among elderly patients due to polypharmacy was not included in our study. This is more important because drug resistant infections are very very difficult to treat. Also longterm use of antimicrobials may irreversibly affect the functioning of liver, kidney, which are already vulnerable to injury due to ageing factors. So further studies are needed to throw some light on this field.

TABLE 1 Physiological changes in elderly

Clinical condition	Number of patients	Percentage
Xerosis	85	85%
Wrinkling	82	82%
Skin atrophy	58	58%
Idiopathic guttate hypomelanosis	30	30%
Senile lentigens	7	7%
Senile comedones	5	5%

TABLE 2 Infections and infestations in elderly

Type of infection	Number of patients	Percentage
FUNGAL INFECTION		
Dermatophytosis	15	15%
Candidiasis	5	5%
Tinea versicolor	3	3%
VIRAL INFECTION		
Wart	5	5%
Herpes zoster	1	1%
BACTERIAL INFECTION		
Scabies	2	2%



PICTURE 1: Senile Comedons



PICTURE 2: Seborrheic Keratosis

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