

**PATTERN OF SKIN DISEASES IN GERIATRIC PATIENTS ATTENDING TERTIARY
CARE CENTRE**

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Abstract

Introduction: Geriatric health care has become a worldwide concern as advance in medical science has contributed to increase in average life span. According to 2016 report by ministry for statistics, India has 103.9 million elderly above 60 yrs, constitutes about 8.5% of total population. With life expectancy in India going up to 64 yrs in males and 66.9 yrs in females there is considerable rise in elderly patients seeking dermatological opinion. Cutaneous dermatoses has become one of the major comorbidities of elderly owing to intrinsic and extrinsic skin changes in aging.

Materials and Methods: The present study was carried out from January 2023 to June 2023 in Department of DVL, Government Medical College, Ongole, Prakasam district. A total of 150 consecutive patients aged over 60 years attending Dermatology OPD were chosen as the study group after written informed consent. A detailed history was taken regarding the onset and duration of cutaneous manifestations and its association with other systemic illness. Thorough dermatological examination was carried out on all study patients. Relevant investigations which included haemogram, biochemical tests and a skin biopsy were performed, wherever needed.

Results: Total of 150 patients above 60 years studied, 98(66%) were male and 52 (34%) were female. Thus, the male: female ratio was 2:1. 54% of patients had associated systemic illness. The most common systemic associations of geriatric population were hypertension and diabetic mellitus. All the patients had physiological changes and the commonest change noted was Xerosis. Eczema was noted in 65 patients (44%). Among the various types of eczemas, Lichen simplex chronicus was the commonest noted in 16 patients (11%). 9 patients (6%) had stasis eczema and seborrhoeic dermatitis. Irritant contact dermatitis and allergic contact dermatitis were seen in 6patients (4%). Chronic eczema was seen in 7 patients (5%) and subacute eczema was seen in 7 patients (5%). Hand eczema was seen in 3 patients (2%) and 1 patient (0.5%) had atopic dermatitis.

Conclusion: Of the 150 patients in this study, the oldest patient was 85 years. Pruritus was the commonest single complaint noted in our study. Xerosis was the commonest physiological change seen in our study. Systemic hypertension was the commonest associated systemic illness noted in our study. Among the various types of eczema, lichen simplex chronicus was the commonest eczema seen in this study. Of the various infections, fungal infection was the commonest. No malignant or premalignant tumours were seen in this study. Bullous pemphigoid was the only bullous disorder encountered in this study.

Key Words: Geriatric health care, Xerosis, lichen simplex chronicus, eczema.

INTRODUCTION

Geriatric health care has become a worldwide concern as advance in medical science has contributed to increase in average life span. According to 2016 report by ministry for statistics, India has 103.9 million elderly above 60 yrs, constitutes about 8.5% of total population.¹ With life expectancy in India going up to 64 yrs in males and 66.9 yrs in females there is considerable rise in elderly patients seeking dermatological opinion. Cutaneous dermatoses has become one of the major comorbidities of elderly owing to intrinsic and extrinsic skin changes in aging.²

The common skin disorders in elderly are xerosis, pruritus, dermatoheliosis (photo-ageing), benign tumours like seborrheic keratosis, cherry angioma, infections like herpes zoster, dermatophytosis, cellulitis, etc. Eczemas like asteatotic eczema, stasis eczema, discoid eczema and other forms of eczema are common in elderly.³ These dermatoses are complicated by chronic systemic diseases in elderly. India is the second largest populated country in the world, with 72 million elderly persons above 60 years of age as of 2001 and the number is likely to increase to 179 million in 2031, and further to 301 million in 2051.⁴ The population is getting older, with a greater percentage of population over 60 years.⁵

Hence an increased emphasis on geriatric medicine is inevitable, geriatric dermatology is a specialty which requires special attention. The present study is to determine the pattern of skin dermatoses in geriatric patients attending tertiary care hospitals.

MATERIALS AND METHODS

The present study was carried out from January 2023 to June 2023 in Department of DVL, Government Medical College, Ongole, Prakasam district. A total of 150 consecutive patients aged over 60 years attending Dermatology OPD were chosen as the study group after written informed consent.

A detailed history was taken regarding the onset and duration of cutaneous manifestations and its association with other systemic illness. Thorough dermatological examination was carried out on all study patients. Relevant investigations which included haemogram, biochemical tests and a skin biopsy were performed, wherever needed.

Inclusion Criteria

All consenting patients aged above 60 years irrespective of sex were included in the study.

Exclusion Criteria

Non-consenting patients.

Patients with congenital dermatoses.

RESULTS

Total of 150 patients above 60 years studied, 98(66%) were male and 52 (34%) were female. Thus, the male: female ratio was 2:1.

Gender	No of cases	Percentage
Male	98	66
Female	52	34

Table 1: Gender Incidence

S.No	Condition	No of cases	Percentage
1	Hypertension	35	23
2	Diabetes mellitus	25	16
3	Bronchial asthma	7	4.5
4	Ischaemic heart disease	3	2
5	Cataract	4	2.5
6	Benign prostatic hypertrophy	2	1.5
7	Tuberculosis	3	2
8	Renal disease	2	1.5

Table 2: Associated Systemic Conditions

54% of patients had associated systemic illness. The most common systemic associations of geriatric population were hypertension and diabetic mellitus.

S.No	Conditions	No of cases	Percentage
1	Xerosis	140	93
2	Wrinkling	132	88
3	Atrophy	95	63
4	Idiopathic guttate hypomelanosis	50	33
5	Senile comedones	42	28

Table 3: Physiological Changes

All the patients had physiological changes and the commonest change noted was Xerosis.

S.No	Conditions	No of cases	Percentage
1	Eczemas	65	43.6
2	Infections and Infestations	49	32
3	Papulosquamous disorders	21	14
4	Pigmentary disorders	21	14
5	Benign tumours of skin	101	67
6	Miscellaneous dermatoses	30	20

Table 4: Pattern of skin diseases in geriatric patients

Eczema was noted in 65 patients (44%). Among the various types of eczemas, Lichen simplex chronicus was the commonest noted in 16 patients (11%). 9 patients (6%) had stasis eczema and seborrhoeic dermatitis. Irritant contact dermatitis and allergic contact dermatitis were seen in 6 patients (4%). Chronic eczema was seen in 7 patients (5%) and subacute eczema was seen in 7 patients (5%). Hand eczema was seen in 3 patients (2%) and 1 patient (0.5%) had atopic dermatitis.

Infections and infestations were seen in 48 patients (32%). Of the various infections, fungal infection was the commonest one followed by viral infections.

DISCUSSION

In the present study, the number of males outnumbered the females which coincide with most of the other studies. Pruritus was the commonest symptom seen in this study and was given by 65 (44%) patients. In various other studies, pruritus had been the commonest complaint noted varying from 11.5% to 49.6%. Patange and Fernandez in their study noted pruritus in 78.5% of patients, of which 3.8% had senile pruritus and the rest were associated with cutaneous dermatoses (91.1%).⁶ About 81 (54%) patients in the present study had comorbid conditions like diabetes mellitus, hypertension, chronic renal failure, ischaemic heart disease, chronic obstructive lung disease, etc with multiple drug usage which may have contributed to development of pruritus.⁷

The range of changes due to chronic sun damage is called dermatoheliosis. The skin change includes senile comedones, irregular pigmentation, wrinkling, scaling, actinic keratoses, elastoses and malignancy. Senile comedones were found in 84 (28%) cases in this study. Senile comedones was seen in 95.6% 81% and 11.5% in various other studies.⁸

The various skin dermatoses seen in the elderly were papulosquamous disorders, eczematous conditions, infections and infestations, pigmentary disorders, benign tumours, miscellaneous skin conditions such as bullous disorders, disorders of keratinisation.

Among the bullous disorders, only bullous pemphigoid was noted in 3 (1%) patients. In various studies, percentage of bullous disorders ranges from 0.5% to 4.4%. The findings in the present study matches with that of the other studies.⁹

Trophic ulcer was seen in 15 (5%) cases and keloids in 6 (2%) cases in the study. Only one study by Liao YH, Chen KH et al mention percentage of keloid as 1%. Other studies do not mention the percentage of keloids. Weismann, Krakauer et al mention pressure sores in 2.2% of cases.

Longitudinal ridging of nails was the commonest nail changes seen in 120 (40%) cases followed by loss of lustre in 112 (37%) cases, Onychomycosis was seen in 18 (6%) cases, paronychia was seen in 10 (3%) cases and nail psoriasis was seen in 6 (2%) cases.¹⁰

CONCLUSION

Of the 150 patients in this study, the oldest patient was 85 years. Pruritus was the commonest single complaint noted in our study. Xerosis was the commonest physiological change seen in our study. Systemic hypertension was the commonest associated systemic illness noted in our study. Among the various types of eczema, lichen simplex chronicus was the commonest eczema seen in this study. Of the various infections, fungal infection was the commonest. No malignant or premalignant tumours were seen in this study. Bullous pemphigoid was the only bullous disorder encountered in this study. Greying of hair was the commonest hair change seen in this study. Vertical ridging of nails was the commonest nail change seen in this study. This study helps in providing greater understanding of pattern of geriatric dermatoses in a tertiary care centre.

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