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Original Research Article

Geriatric Dermatoses: A Special Look at Graceful Ageing

Nisha Kumari Munda[1], Seema Kumari[2], Fuzail Akram[3]

[1]Assistant Professor, Department of Dermatology, MGM Medical College and Hospital, Jamshedpur, Jharkhand, India
[2]Assistant Professor, Department of Ophthalmology, MGM Medical College and Hospital, Jamshedpur, Jharkhand, India
[3]Junior Resident, Department of Dermatology Venereology & Leprosy, Mahatma Gandhi Memorial Medical College & Hospital, Jamshedpur, Jharkhand, India

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Corresponding Author: Dr. Seema Kumari
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Abstract:

Background: Geriatric health has received a lot of attention worldwide due to increase in average life expectancy over time. Ageing skin has marked susceptibility to dermatological disorders due to structural and physiological changes. This study aims to inquest the spectrum of cutaneous disease due to physiological and pathological changes in elderly.

Material and Methods: A retrospective record- based study was done among patients who were above 60 years of age visiting dermatology OPD at MGMMCH, Jamshedpur from October 2022 to September 2023.They were analyzed for age wise, gender wise distribution also frequency of different dermatoses in elderly.

Result: Out of total 651 geriatric patients in our study 65.29% were male and 34.71% were female, ratio being 1.88:1. Majority were in 60-70 years age group (76%). Non- ageing dermatoses (pathological) was more prevalent than ageing dermatoses (physiological). Among the physiological changes, xerosis was commonest seen in 48% patients. Among pathological changes, Eczema (33.6%) followed by infection was commonly seen.

Conclusion: A thorough knowledge of epidemiology, pattern as well as gender distribution of dermatological disease in geriatric population will help in early recognition, appropriate management and improvement in quality of life. This will also help in assessing health care needs pertaining to geriatric population thereby promoting better large scale health program.

Keyword: Geriatric Dermatoses, Ageing, Xerosis.

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Introduction

Elderly people are predisposed to various senile changes in the skin which occur due to cumulative intrinsic and extrinsic ageing. [1,2] With ageing the number of collagen & elastin fibres in the dermis and total skin thickness decreases due to flattening of the dermal papillae at the dermal-epidermal junction.[3] To define elderly, it is 60 years and above in developing and 65 years and above in developed countries United Nations agreed cut off is 60+ years that refers to geriatric population. [4,5] Although rarely fatal, cutaneous disease causes significant morbidity and the potential to greatly reduce the patient's quality of life. [6] There are 149 million persons aged 60 years and above in 2022 (as of July 1), that is around 10.5% of the country's population. And, by 2050, this population will double to 20.8% and hence dermatologic care in geriatric population needs emphasis. [7]

Material and Methods

This was a retrospective record based study conducted in skin & VD outpatient department after getting approval from Institutional Ethics Committee the study population included 651 patients above 60 years of age during the study period of October 2022 to September 2023.

Inclusion Criteria: Male or Female patients aged 60 years and above reporting to skin OPD and diagnosed for the first time .

Exclusion Criteria: patients who are below 60 years of age and who turned for follow up were excluded from study.

A detailed history of all cases were taken and examined for any skin changes in the skin. The diagnosis was made on the basis of clinical features and relevant tests (gram's stain, patch test, KOH

mount, skin biopsy for histopathological examination). After taking consent ,photography was done and skin findings were divided into two groups- physiological dermatoses (Age related) and pathological dermatoses (non-age related).

Result

Out of total 32446 patients visiting to skin outdoor department, 651 patients (2.01%) were in geriatric age group.

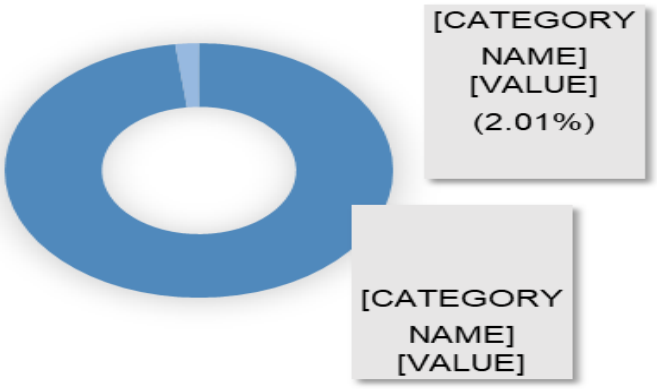

Figure 1: Showing proportion of geriatric patients among total patients

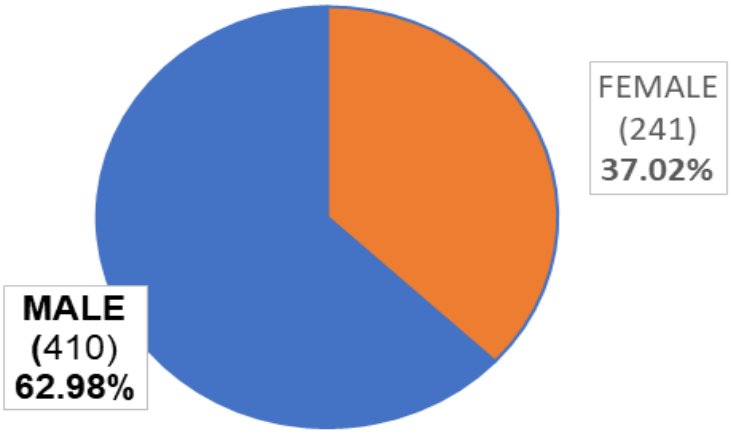

Figure 2 : Showing gender distribution among subjects

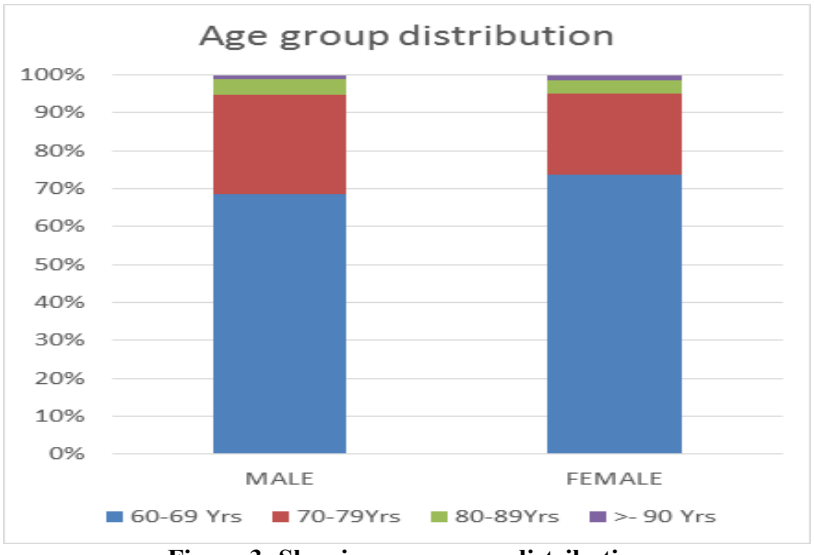

Figure 3: Showing age- group distribution

	Male	Female	Total	Percentage
Physiological (Ageing Dermatoses)	71	50	121	18.58%
Pathological (Non-Ageing Dermatoses)	335	195	530	81.42%
Total	406	245	651	100%

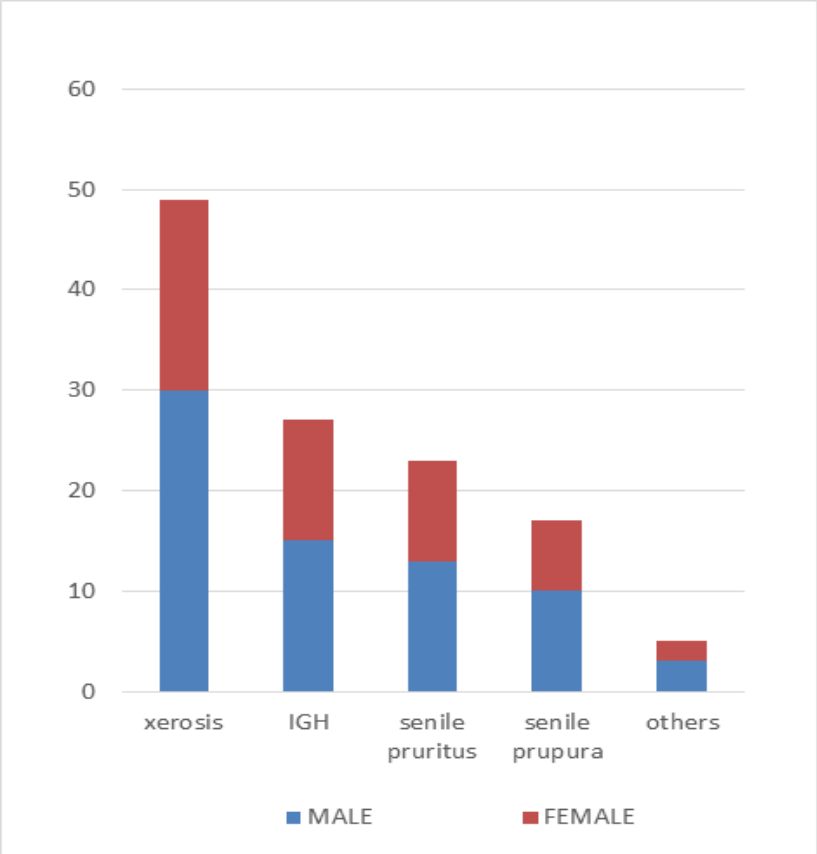

Figure 4: Showing pattern of physiological dermatoses in elderly

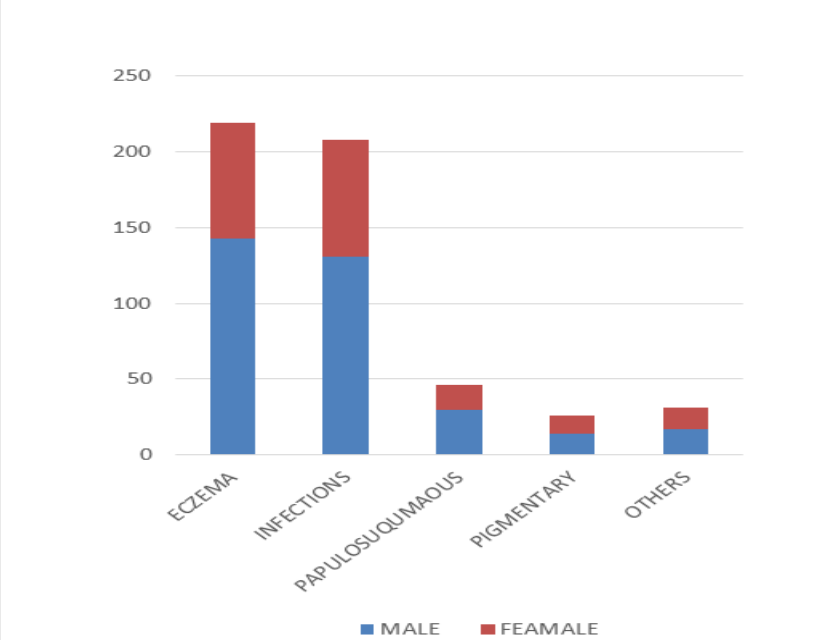

Figure 5: Showing pattern of pathological dermatoses in elderly

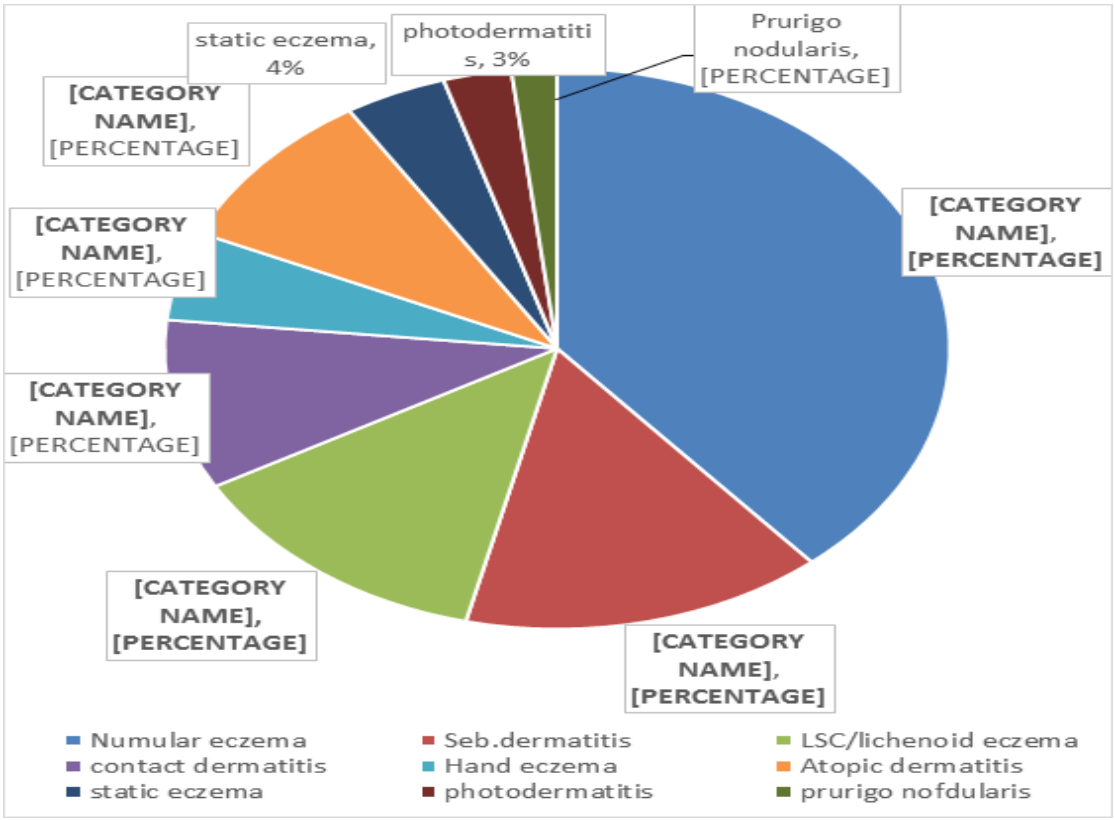

Figure 6: Showing proportion of different types of eczema in elderly

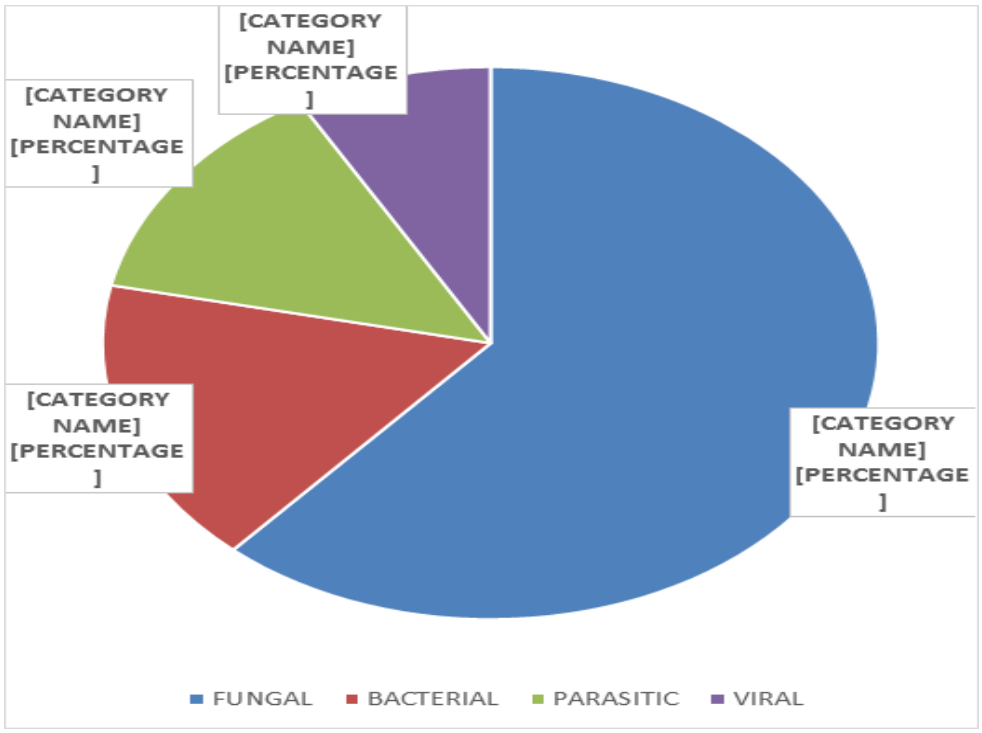

Figure 7: Showing proportion of different type of skin infections in elderly

Discussion

In our study 2.01% patients were inn geriatric age group and male outnumbered females with male to female ratio of 1.7: 1. This is largely on tune with other studies. [8-10] Maximum number of patients are in age group 60-69 years (70.5%) which is similar to other studies.[11-14] Xerosis was the most common physiological dermatoses seen in 49 (7.52%) patients in our study and various other studies showed xerosis between 7% to 12%. [8-10] Idiopathic guttate hypomelanosis (IGH) was seen in 27 (4.1%) cases. Sahoo et al [17] found IGH in 6.5 % cases.Senile pruritus was seen in 23 patients

(3.53%) that is similar to Patange et al [8] 3.8% cases. Senile purpura was noticed in 17 patients (2.6%). Meena p et al had 4.33% patients. Among benign tumors seborrheic keratosis (2 cases), skin tag (2 cases) and lentigo maligna (1 case) were seen in our study.

In our study 219 (33.64%) patients had eczema with endogenous eczema 187 (28.7%) more than exogenous eczema 32 (4.9%). In other studies ,eczema cases ranged from 13.5% to 58%. [6,8] Among endogenous eczema, nummular eczema was the commonest 83(12.74%) and among exogenous contact dermatitis was most common in 26 patients (4%). These findings were comparable with Meena P et al being 9.67% and 4.67% respectively. Among infective disorders, fungal infection 128(19.6%) was the commonest followed by bacterial infection 5.37%, parasitic infection (4.3%) and viral infection (2.6%). These findings were similar with other studies. [8,11,14]

Papulosquamous disorders constituted 46 patients (7.06%) out of which psoriasis was commonest found in 33 (5.06%) patients ;un concordance with Meena P et al.[6] Pigmentary disorders were leukoderma 12 (1.84%) followed by melasma 8 (1.22%) and vitiligo 6(0.92%); similar with Abhirami C et al. [17]

Conclusion

In our study, male outnumbered female with male to female ratio being 1.7:1. Among physiological dermatoses, xerosis was most common followed by senile pruritus. Eczema was the most common pathological dermatoses. Among infection, fungal infection is most common in our study; probably due to warm and humid climate of this region. A thorough knowledge pf epidemiology of geriatric skin diseases will help assessing their healthcare needs and ensure o=planning of large scale health programme for elderly.

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