



SKIN MANIFESTATIONS OF INTERNAL DISEASE

A CROSS-SECTIONAL OBSERVATIONAL STUDY TO ANALYZE THE CLINICO-DEMOGRAPHIC PROFILE OF GERIATRIC DERMATOSES AND ASSESS THEIR RELATIONSHIP WITH SYSTEMIC DISORDERS

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Background: Advancement of medical science has prolonged our life expectancy, thus increasing the geriatric population. This population is often neglected despite having higher incidence of systemic and skin disorders.

Objectives: To analyze the clinico-demographic profile of geriatric dermatoses and assess their relationship with systemic disorders.

Materials and methods: 250 new geriatric patients were evaluated to assess the clinico-demography of their dermatological disorders and determine any relationship with systemic disorders like diabetes mellitus and hypertension. We have also tried to highlight any association between chronological ageing and photoageing using the Glogau scale.

Results: Amongst 250 geriatric patients (mean age 67.9 ± 7.29 years; M:F 1.9:1), skin infections occurred most frequently (30%), followed by dermatitis (29.6%), papulosquamous (18.4%) and immunobullous disorders (6.4%). Fungal infections (tinea) were most common, followed by bacterial (furuncle) and viral infections (herpes zoster). Interestingly, bacterial and fungal infections predominated in the BPL and APL groups respectively ($p < 0.05$, chi-square test). Allergic contact dermatitis (10%), psoriasis (9.2%) and bullous pemphigoid (2.8%) were the commonest dermatitis, papulosquamous disorder and immunobullous disorder respectively. Hypertension (23.2%) and diabetes (19.6%) were the commonest systemic associations; the later being significantly associated with infections ($p < 0.05$, chi-square test). All patients demonstrated age related physiological changes, the commonest being IGH (51.2%). Almost 97.6% of our patients showed signs of photoageing (wrinkling > freckles > senile purpura), outdoor activity being a significant risk factor, manifested by higher Glogau scale ($p < 0.001$, ANOVA test).

Conclusion: More awareness is needed about geriatric dermatoses for their proper





evaluation and treatment. Screening programs for systemic disorders like diabetes and hypertension is highly recommended. Age related physiological changes should be ruled out. Outdoor activities need to be minimised to reduce photoaeging.

Key words: geriatric, dermatoses, photoaeging

