Geriatric Dermatology

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Theo Medical Dermatology

What is geriatric dermatology?

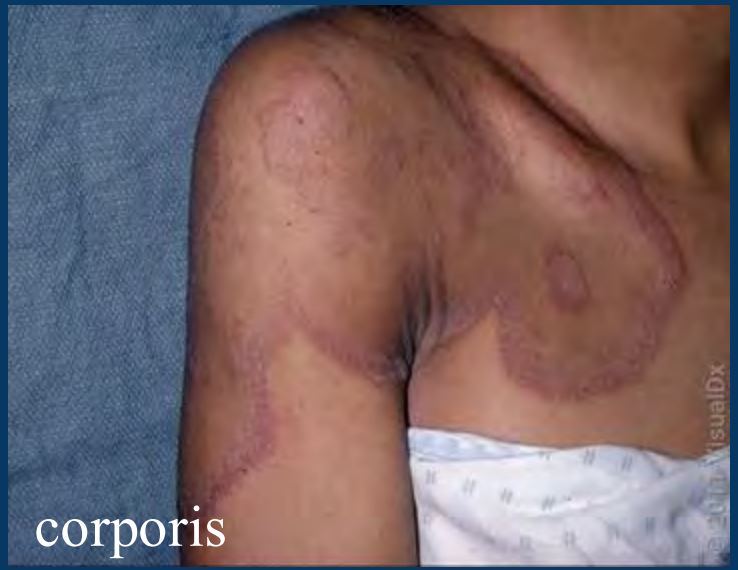
A specialized branch of dermatology that focuses on diagnosis, management, treatment and prevention of skin conditions in older adults typically age 65 and older.

Learning objectives

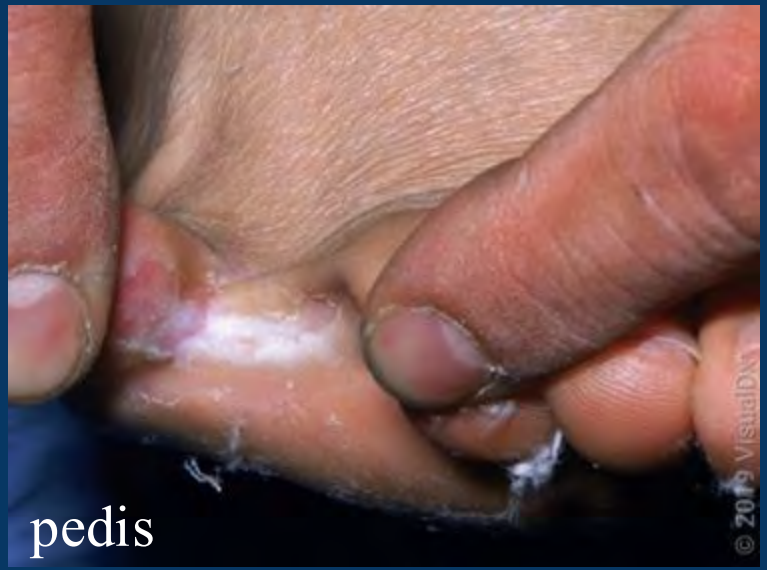
1. Go over general statistics of the increasing number of skin diseases including skin cancers in the geriatric population
2. Identify the top 10 most common skin diseases seen in this population and go over treatments
3. Discuss skin biology and the intrinsic and extrinsic factors involved with aging skin

Top 10 most common skin diseases in geriatric population

1. Tinea



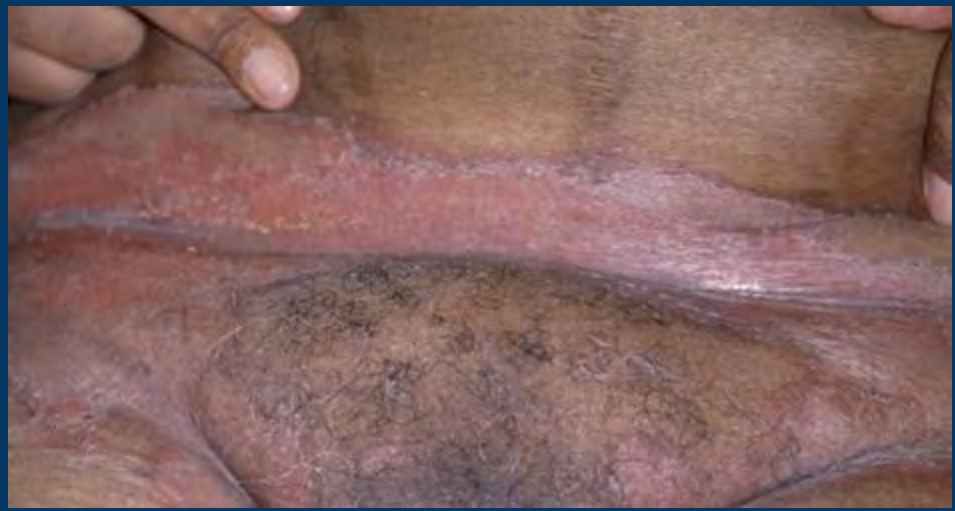
- Caused by dermatophytes Trichophyton, Microsporum, or Epidermophyton
- Red, circular, scaly patches



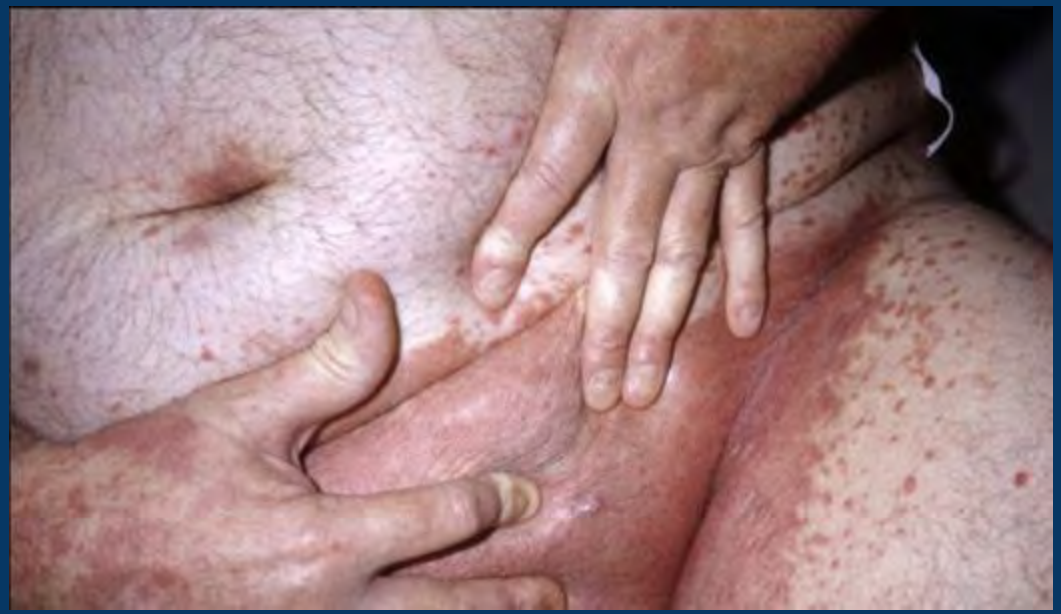
- Caused by dermatophytes Trichophyton or Epidermophyton
- Types: interdigital, moccasin-type, vesicular

2. Candidiasis

- Yeast infection of the skin from moisture, heat, and occlusion
- **ill-defined borders**
- MC in patients with declining immune system
- Dx clinically or with KOH
- Tx decrease moisture, antifungal meds



Intertrigo
(differential for candidiasis)

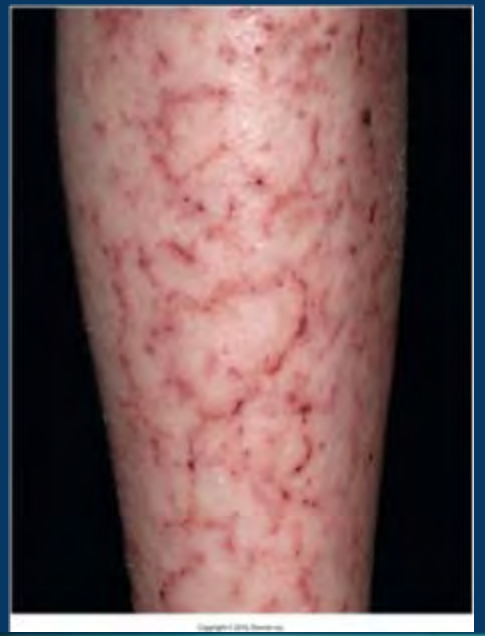


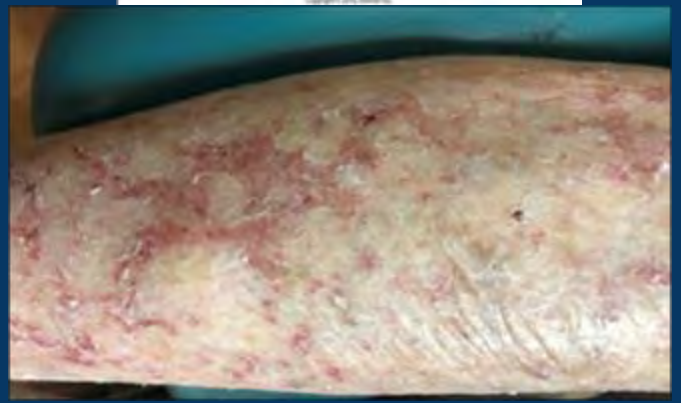
candidal intertrigo

- Chronic inflammation
- Exacerbated by yeast or bacteria infection.
- Candidal intertrigo, dx by the presence of outlying satellite papules/pustules
- **Well-demarcated borders**
- Tx antibiotics

3. Xerosis

- Greek origin
  xero = dry
  osis = disorder
- MC cause of pruritus
- Intrinsic and extrinsic aging factors (ex: decreased collagen production, chronic disease, meds)
- Tx ointments, creams, lotions (do you know the difference?)





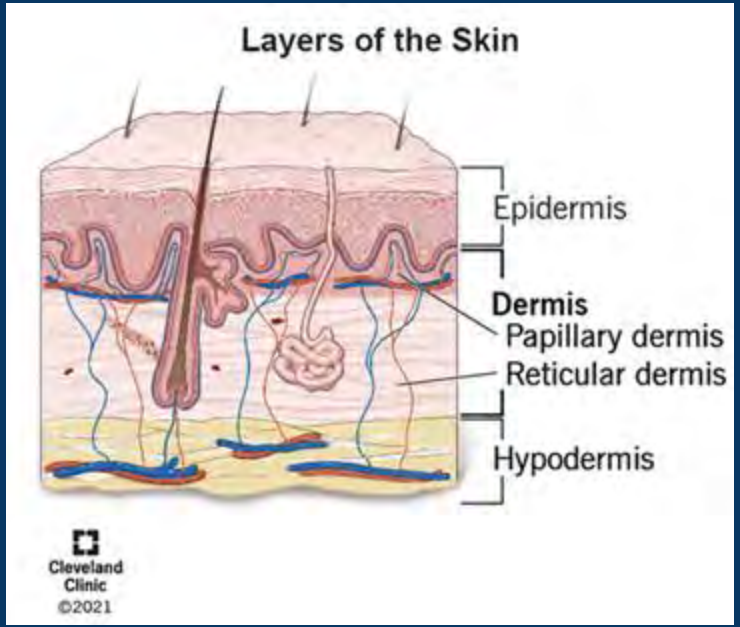
Intrinsic and extrinsic factors associated with aging skin

Intrinsic

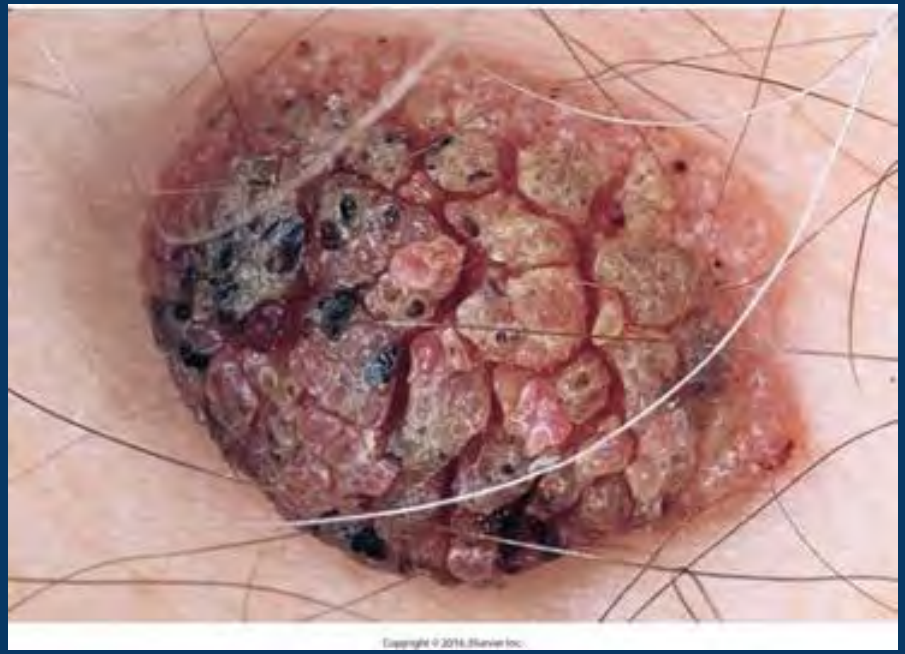
- ❑ Thinning of epidermis
- ❑ Decreased oil production
- ❑ Decreased skin cell turnover

Extrinsic

- ❑ UV (sun exposure)
- ❑ Smoking -> decreased blood flow to skin



What are these skin lesions called?



NMSC incidence in white vs black patients

White patients

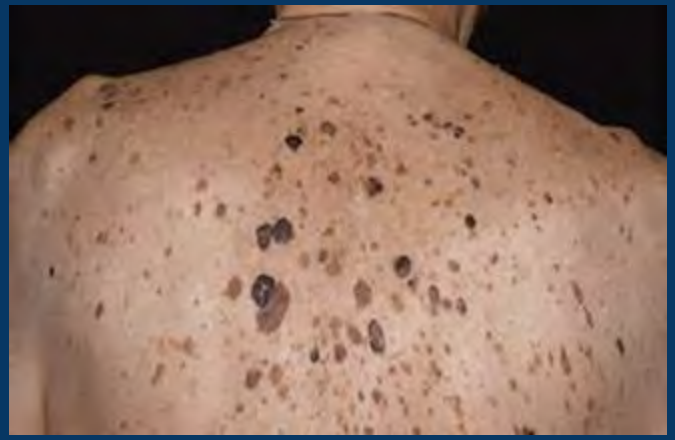
- Highest incidence
- Lifetime risk 1 in 3
- BCC most common

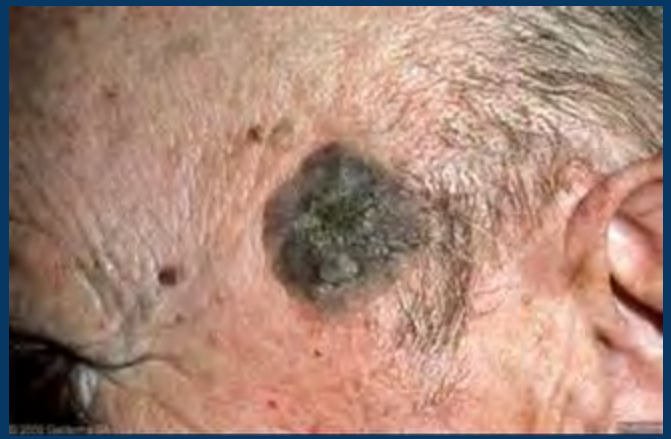
Black patients

- Incidence 5/100,000
- SCC MC, more aggressive
- Atypical presentation and location

- This disparity highlights the importance of prevention and education in both groups, with a special focus on atypical presentation in darker individuals

4. Seborrheic Keratosis

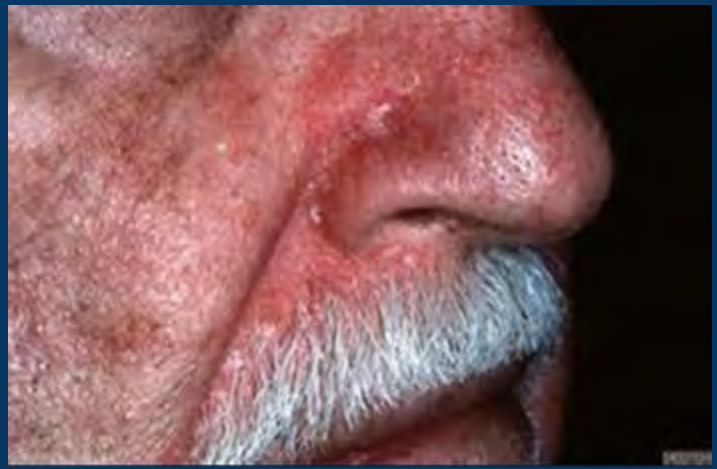


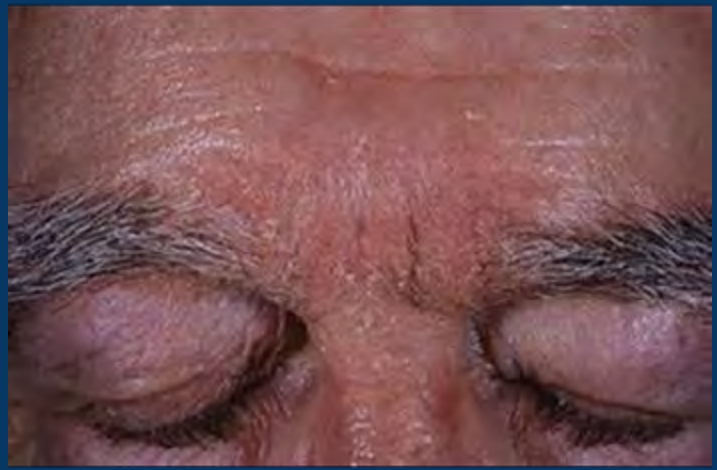


- Benign warty growth
- Can be tan to dark (sometimes referred to as barnacles)
- Symptomatic treatment to soften (Ex. Lac Hydrin)

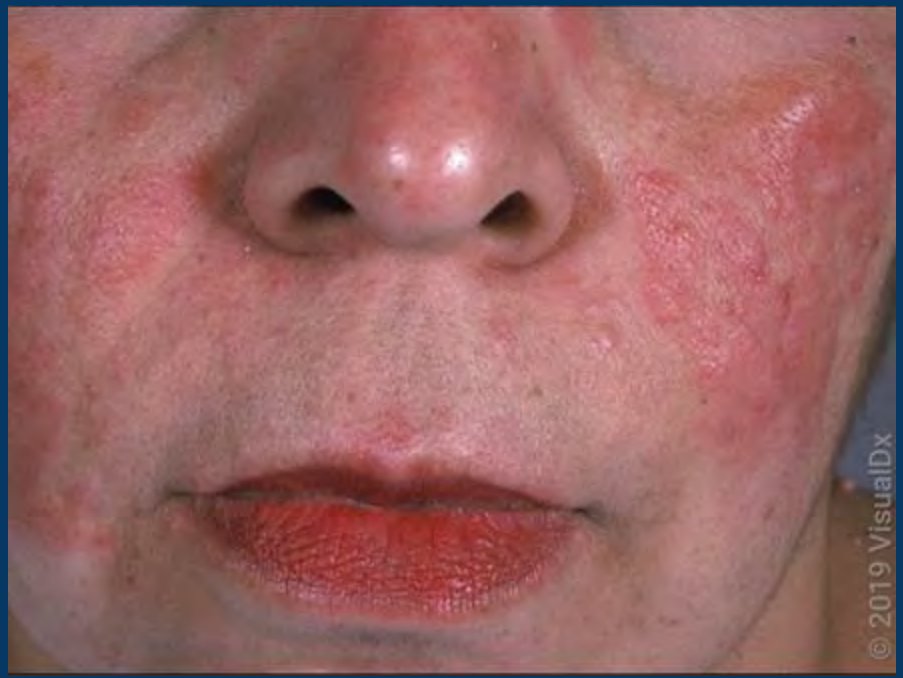
5. Seborrheic Dermatitis

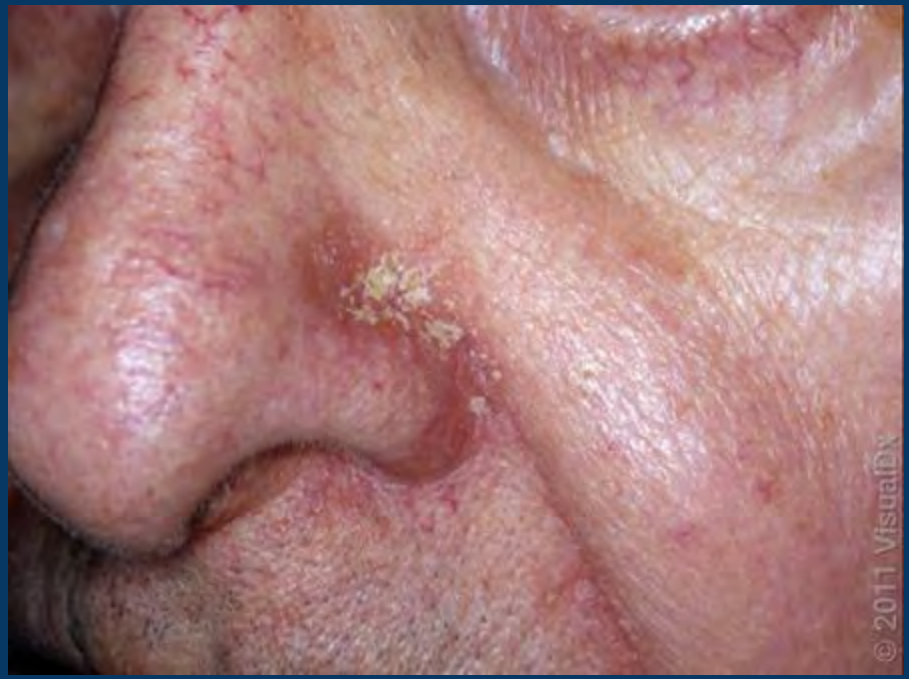
- Commonly affects the nasolabial folds, eyebrows and scalp
- Caused by overactivity of the sebaceous glands/results in oily crusts and scales
- Can be severe in those with CNS conditions such as Parkinson disease
- Tx. short course of topical steroids, long term topical antifungal creams or shampoos, sodium sulfacetamide





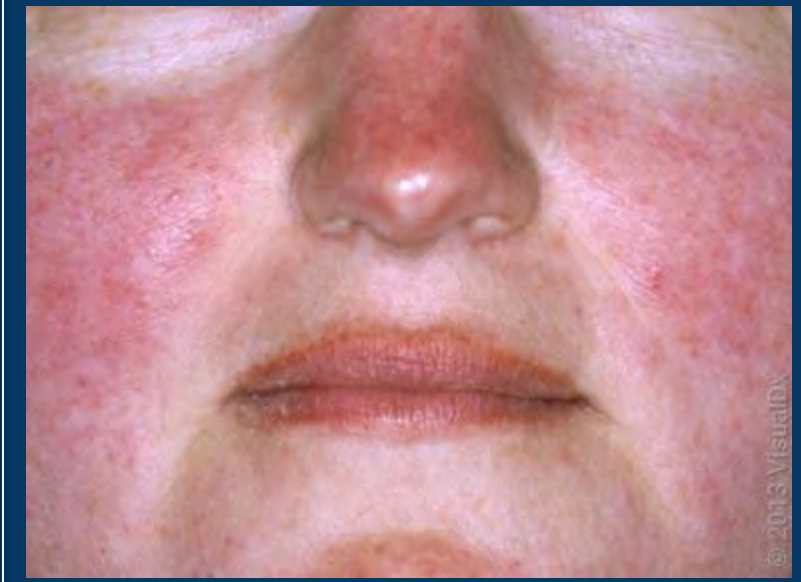
What is the difference?



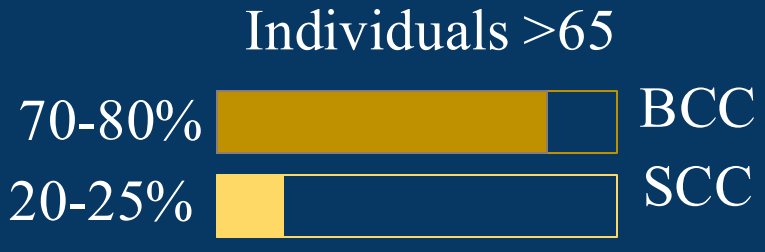


Rosacea

- Inflammatory disorder
- Spares the nasolabial folds
- Can present with acne papules/pustules or erythema with telangiectasia from flushing/vasodilation
- Tx with topical metronidazole or clindamycin, oral antibiotics

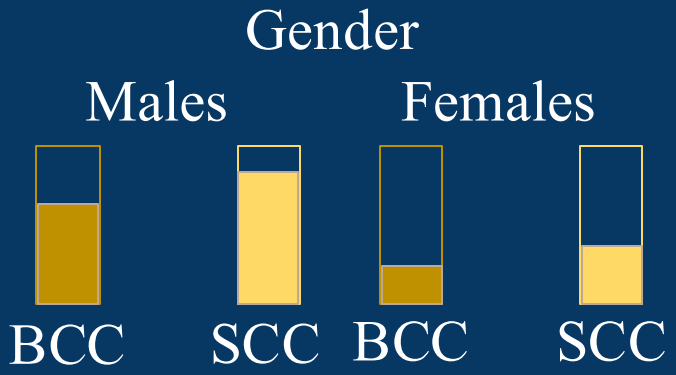


Nonmelanoma Skin Cancer (NMSC)



>50% of NMSC cases occur in >65 y/o

- SCC more aggressive and likely to metastasize
- >80% NMSC-related deaths >65 y/o SCC primary contributor



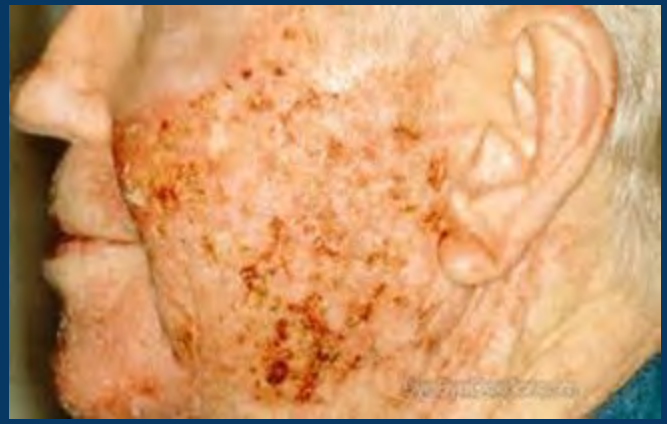
Males compared to females

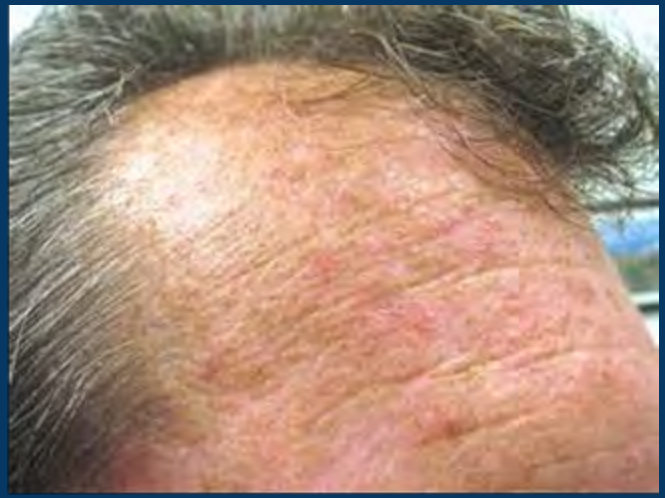
- 2-3x SCC
- 1.5-2x BCC

6. NMSC

a. Actinic keratosis (precursor to SCC)

- Rough keratotic areas on sun-damaged skin
- May progress to SCC if untreated
- May flake off and reappear later
- Tx: LN 2, topicals (Imiquimod, 5-fluoro).

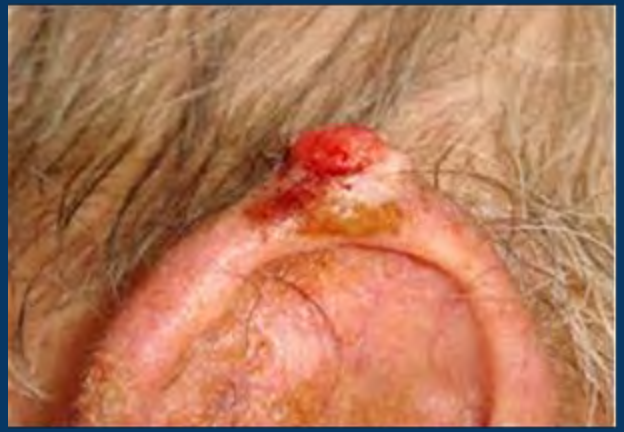


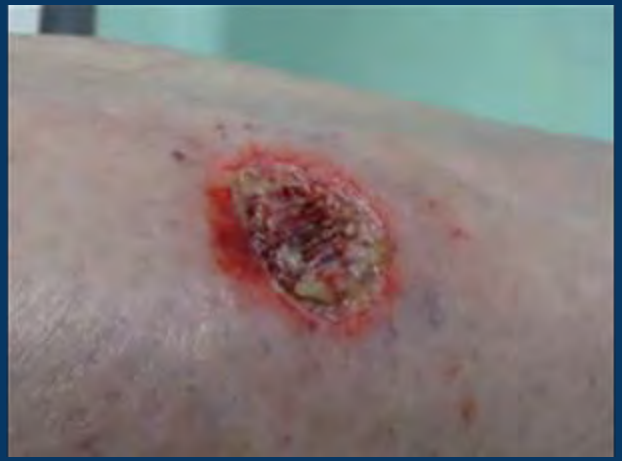


6. NMSC

b. SCC

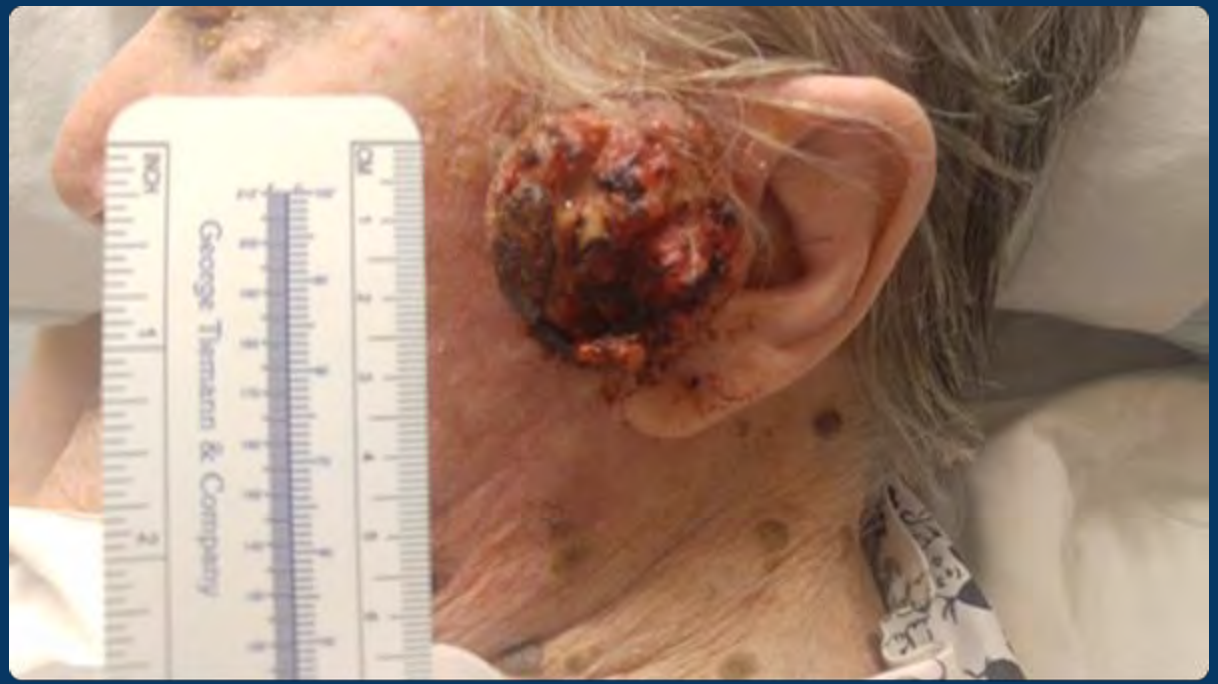
- 2nd MC cutaneous malignancy
- MC on head, neck, and hands
- Crusted, keratotic lesions on sun-damaged skin
- Dx/Tx. Bx/excision, EDC, Radiation
- SCC in situ (Bowen's disease)

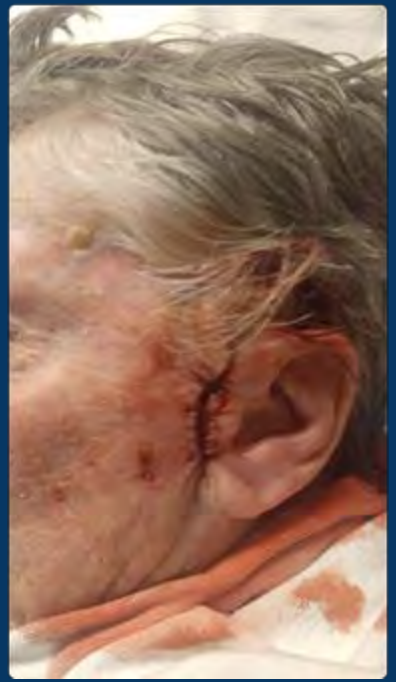




6. NMSC

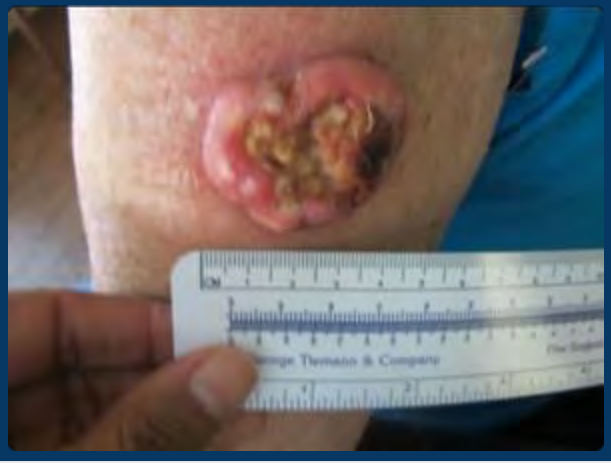
b. SCC (continued)

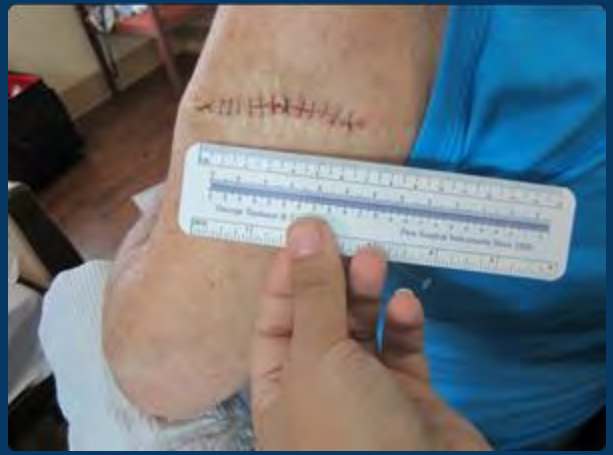




6. NMSC

c. SCC (keratoacanthoma type)



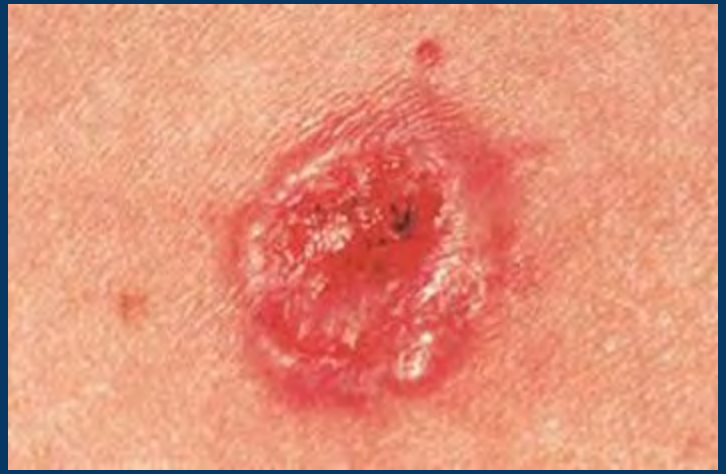


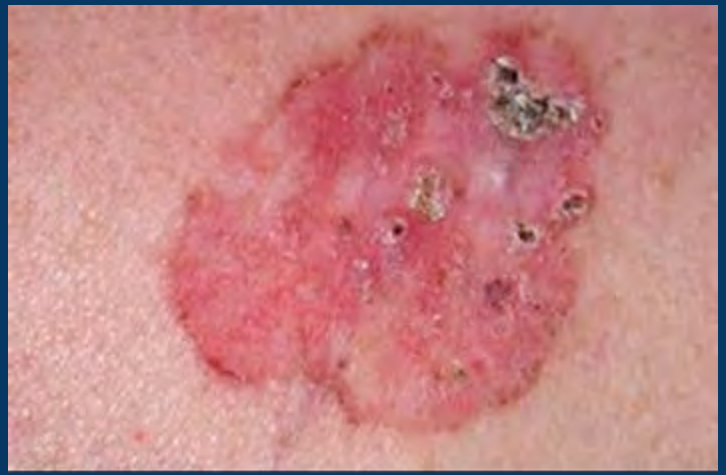
- Variant of SCC
- A dome-shaped lesion with central keratin-filled crater
- Emerges quickly, enlarges rapidly
- Can regress spontaneously, however complete removal is recommended

6. NMSC

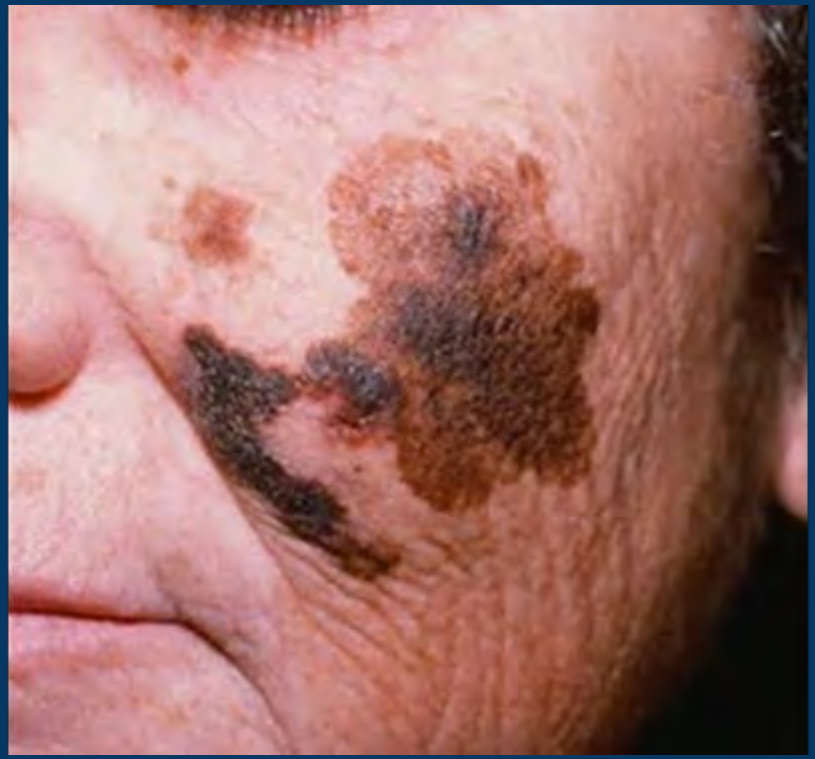
d. BCC

- MC cutaneous malignancy
- Rarely metastasizes, locally invasive
- “Pearly” lesion with telangiectasias
- Multiple variants (superficial spreading, nodular, sclerosing)
- Dx/Tx - Bx/Excision/Superficial Radiation/EDC/Topical/Oral



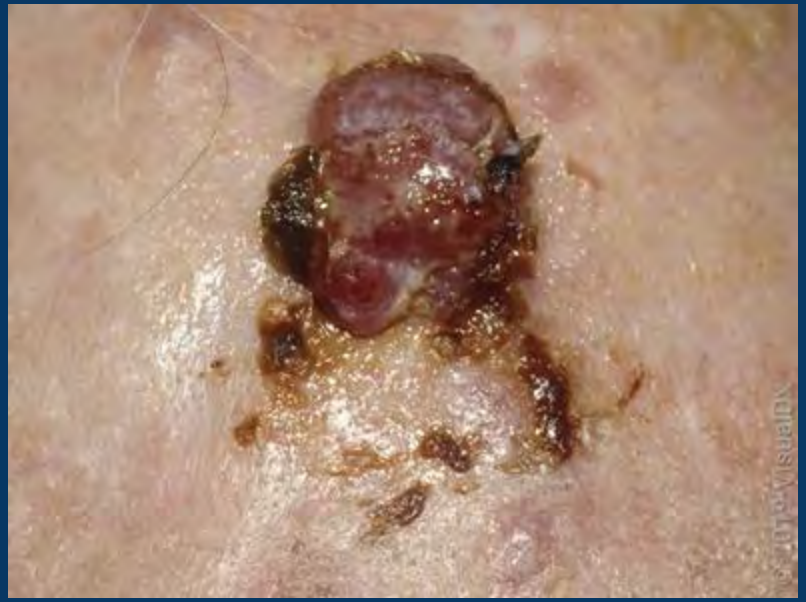


7. Melanoma



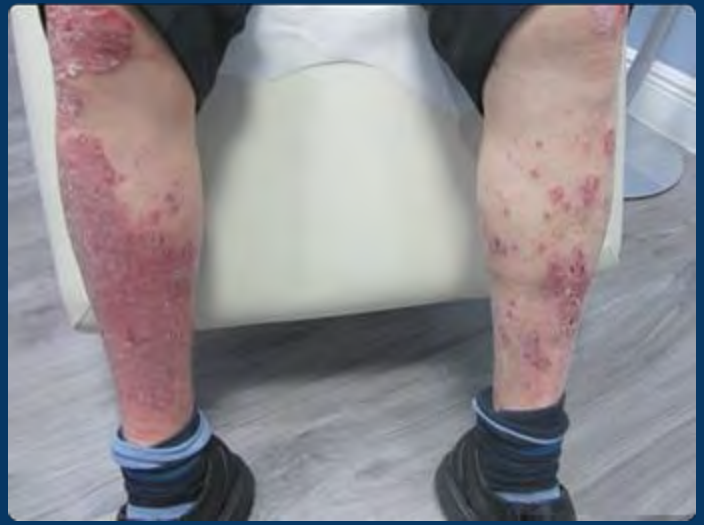
- Most aggressive type of skin cancer (ABCDE)
- Causes: genetics, sun exposure
- MC on legs in women/back in men
- MC geriatric variant: lentigo maligna (high recurrence rate from ill-defined borders - excision)
- Life expectancy determined by stage and genetics

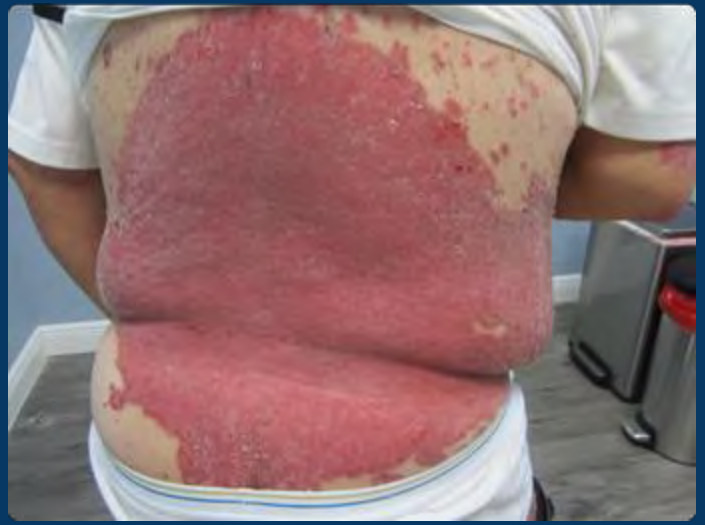
Merkel cell carcinoma



- Rare, aggressive skin cancer
- Painless nodules purple/blue in color
- MC on head/neck area
- MC in geriatric patients
- Tx: surgery then radiation and chemotherapy for severe cases

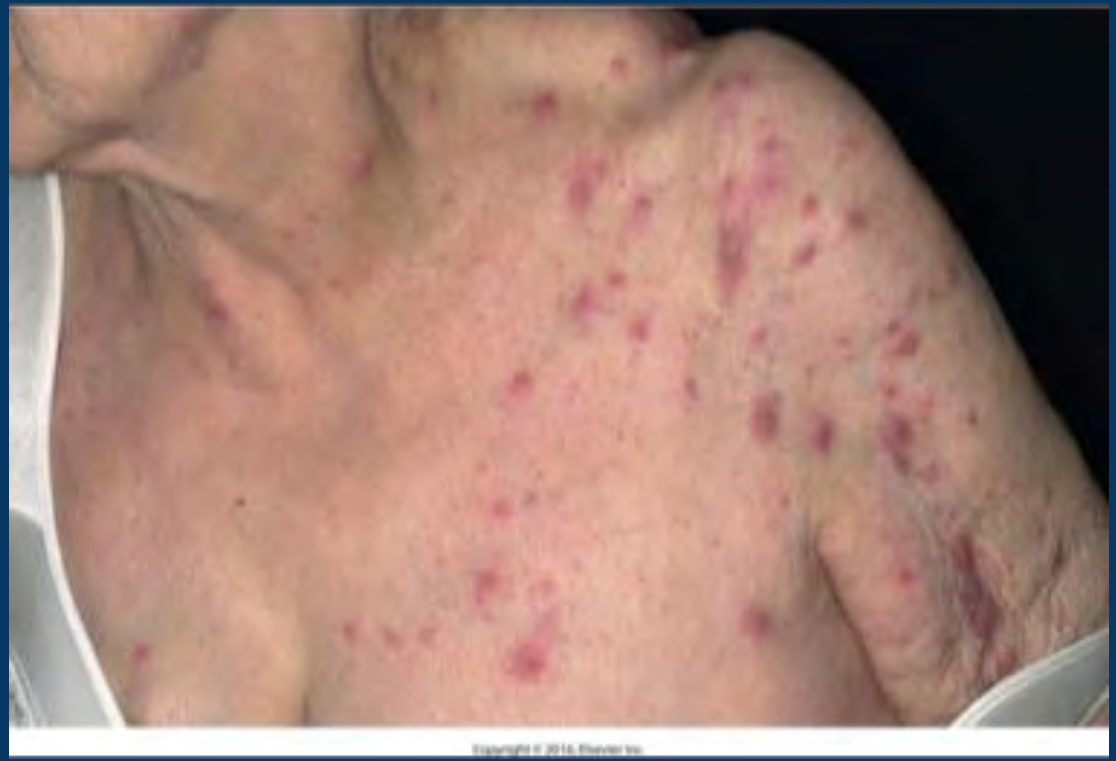
8. Psoriasis





- ❑ Sharply demarcated erythematous plaque with silvery scale
- ❑ Immune mediated disease
- ❑ Faster skin cell turnover time (14 days vs. 25-45 days in normal skin)
- ❑ Tx with topical steroids, biologics

What is causing this eruption?



SCABIES

SCABIES is a SKIN INFESTATION caused by a MITE known as the Sarcoptes scabiei. Untreated, these microscopic mites can LIVE ON YOUR SKIN for months.

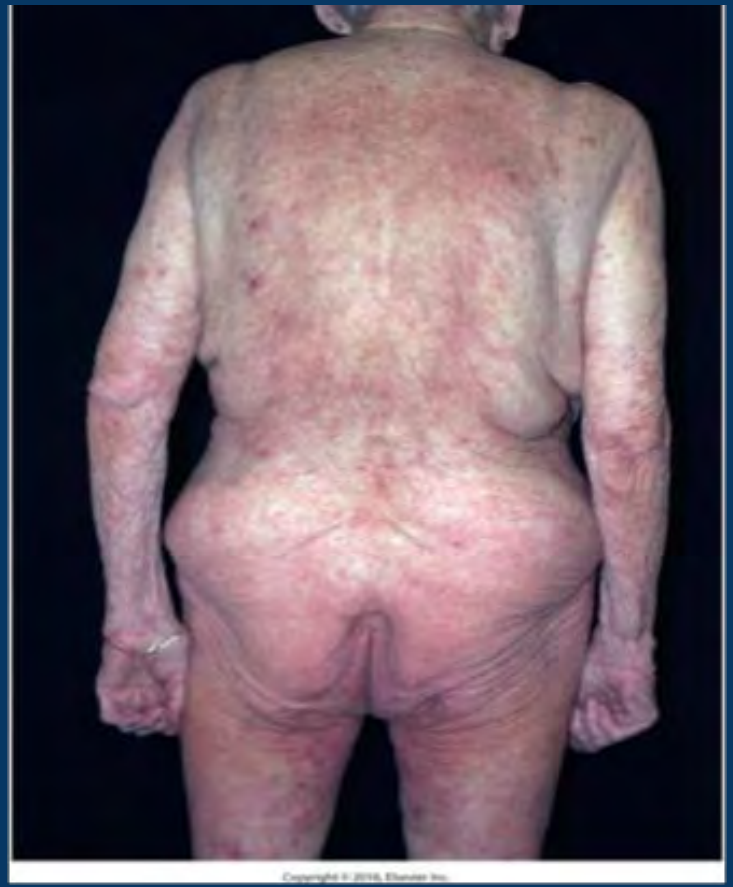
SCABIES MITE

The RASH itself can consist of tiny bites, hives, bumps under the skin, or pimple-like bumps.

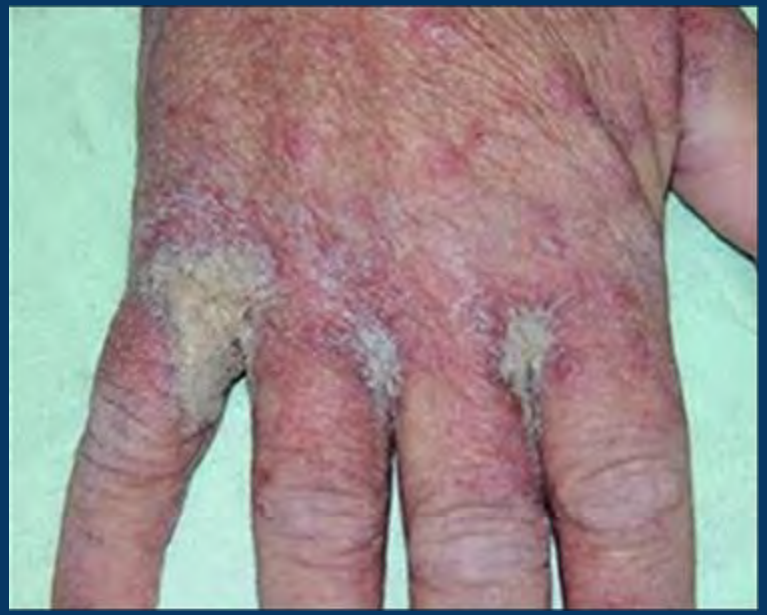
The mites will burrow into the top layer of your skin to live and feed.

9. Scabies

- Intensely pruritic contagious mite infestation
- Classic erythematous excoriated rash occurs in skin folds
- Variant: Norwegian/keratotic
- Rash may develop after 2-6 weeks of initial exposure



9. Keratotic Scabies



- High index of suspicion in long-term care facilities
- Dx by clinical/skin scrape
- Tx: Elimite 5% cream. Adjunctive tx Ivermectin. Post Tx: Topical steroids highly recommended.
- Post-treatment rash may persist (Reasons?)

Scabies: myths vs reality

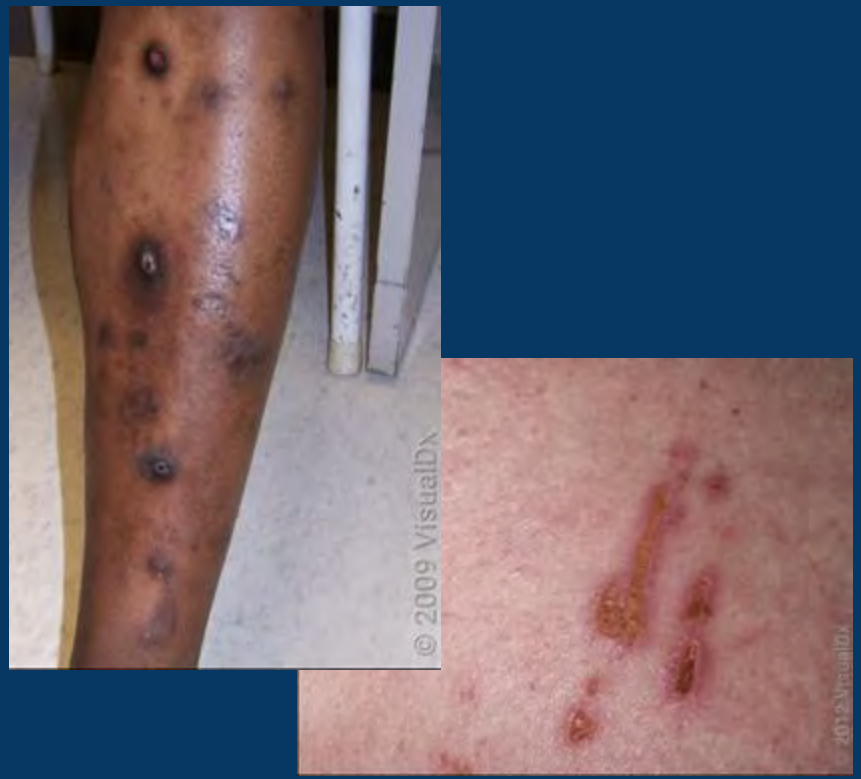
Scabies can be passed between humans and household pets

- ❑ Animal forms of scabies exist, but are species-specific ie cannot be transferred
- ❑ Canine scabies or “mange” can crawl on humans and cause itching, but are unable to reproduce and will soon die

Adequate tx causes instant relief

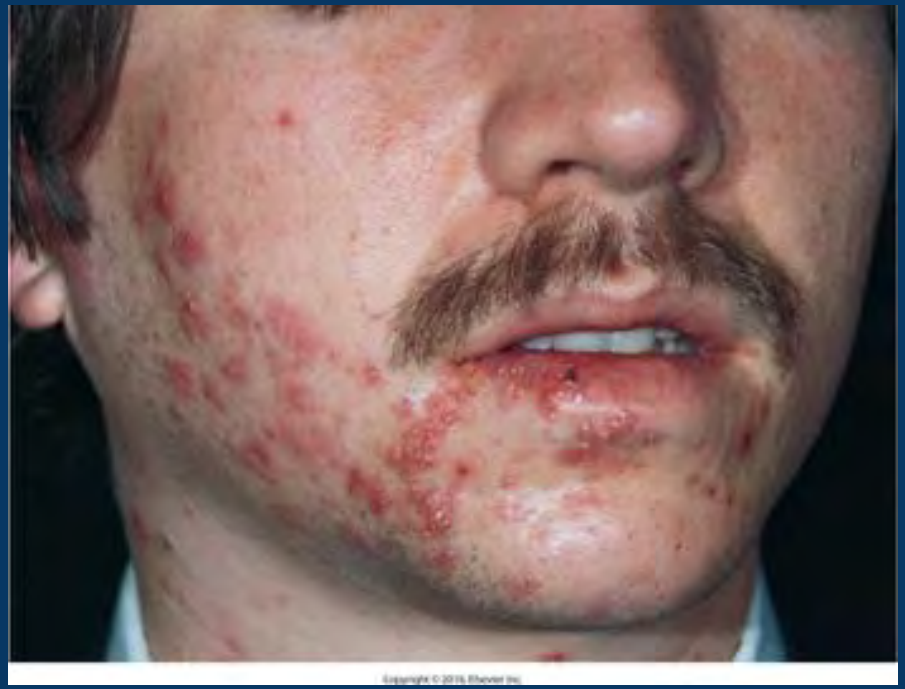
- ❑ Tx regimens must be followed specifically
- ❑ All contacts should be treated twice: all at the same time and again 7 days later (allows eggs to hatch)

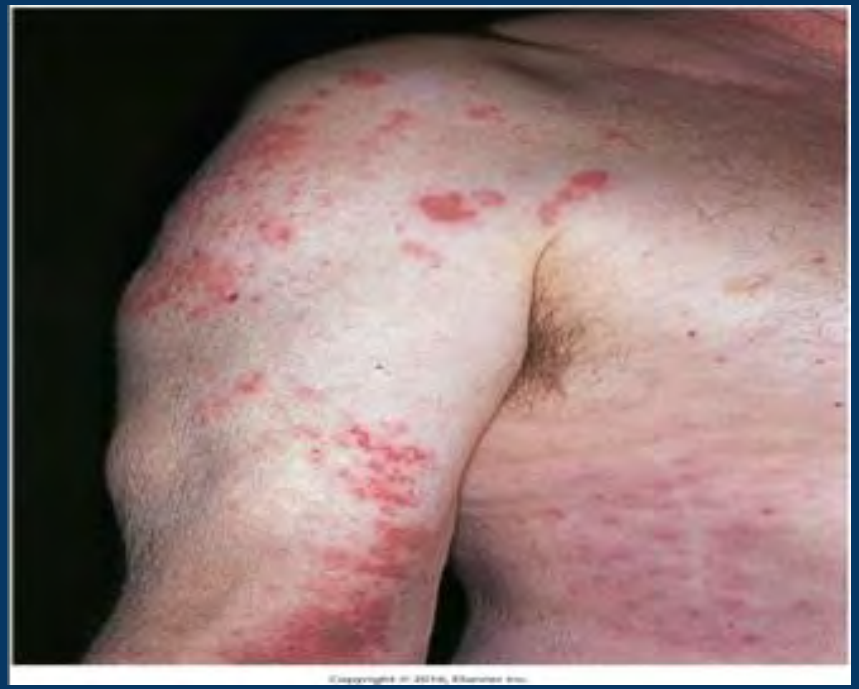
Neurodermatitis
(differential for scabies)



- Arises from compulsive or habitual skin scratching or picking in absence of underlying pathology
- Strong relationship between neurodermatitis and underlying psychiatric disease
- MC underlying diseases are OCD, depression, anxiety and substance use disorder

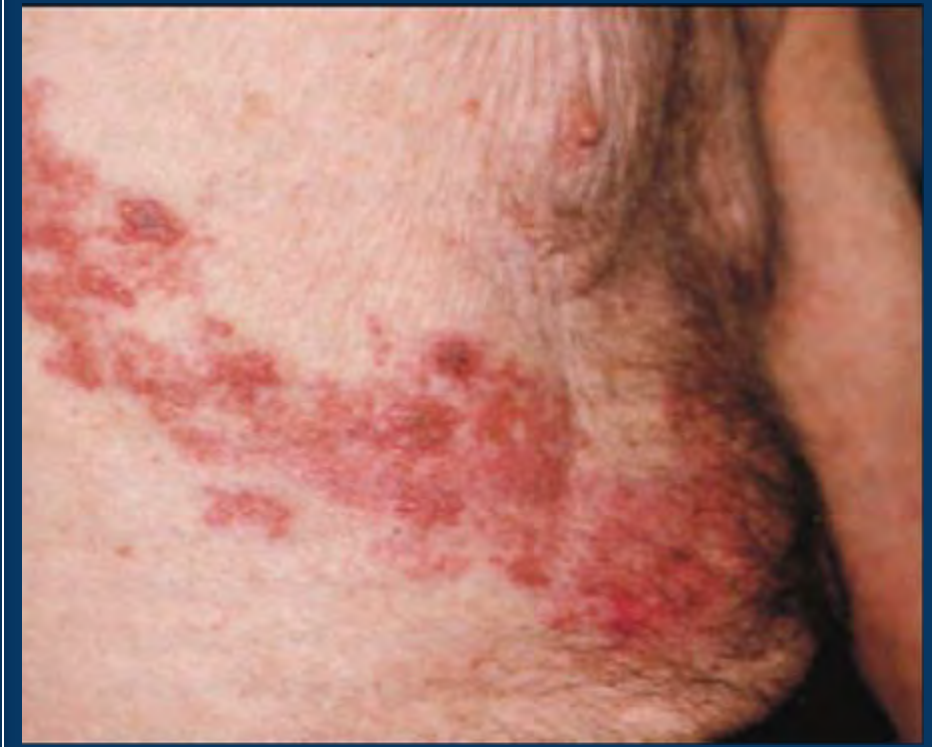
What is causing this rash?





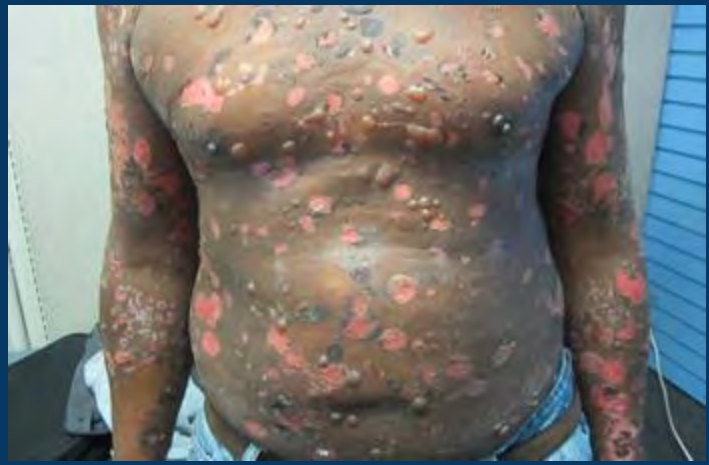
Herpes Zoster (Shingles)

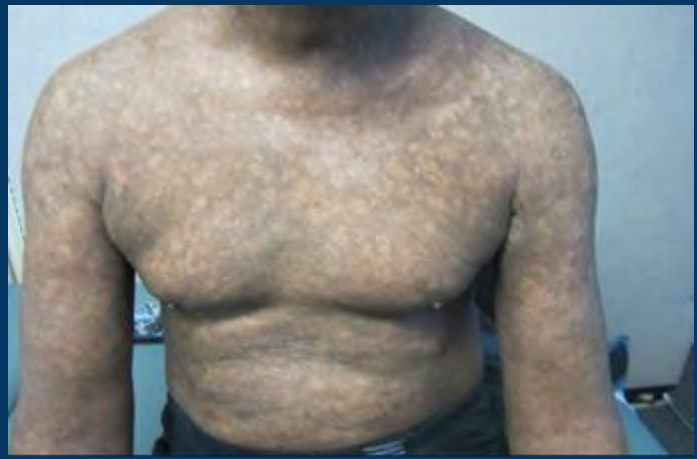
- Cutaneous viral infection resulting from reactivation of varicella virus in cutaneous nerves
- Unilateral painful vesicles
- Postherpetic neuralgia
- Tx antiviral (acyclovir)
- Shingrix - 90% effective
  2 shots b/t 2-6 month period leads to longer lasting immunity



Bullous Pemphigoid

- Autoimmune blistering disease common in elderly
- MC in lower extremities or dependent areas
- Predisposed by lowered immune system and certain meds (furosemide, NSAIDs, and ACE-i)
- Tx: oral or topical steroids, severe cases - biologics and immunosuppressants

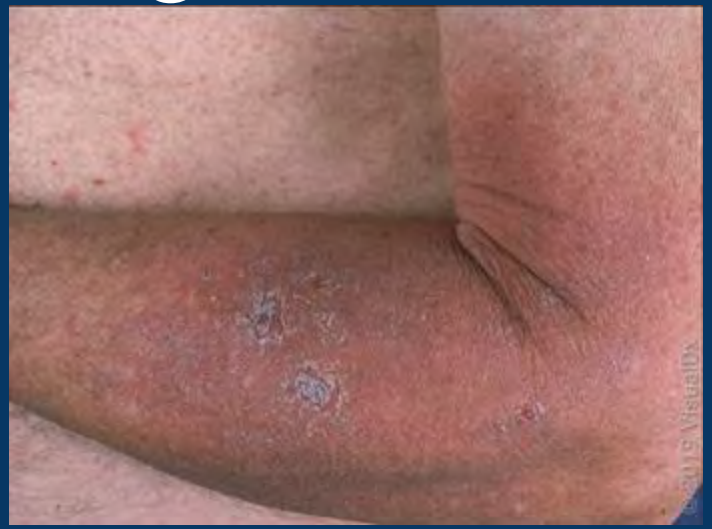


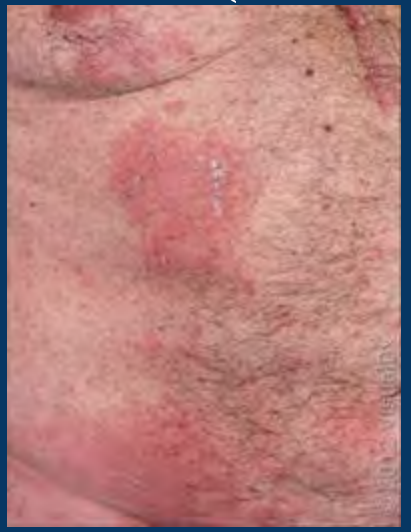


10. Atopic dermatitis

- With increased understanding of immunosenescence, atopic dermatitis is increasingly being recognized in the older adult population.

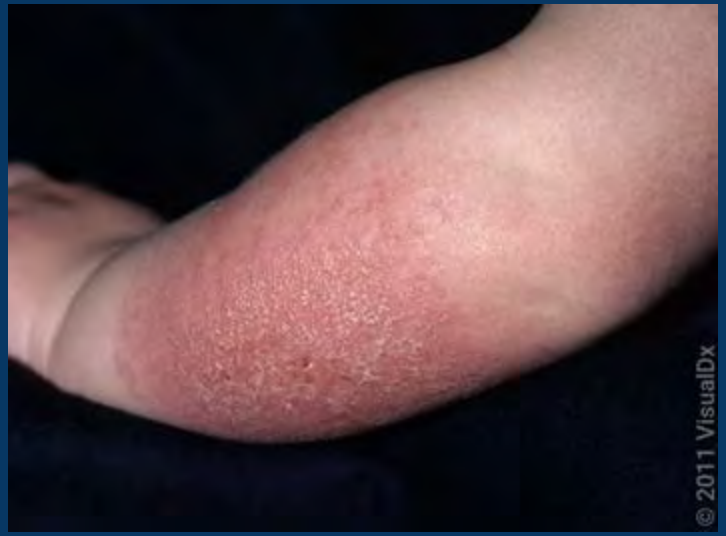
10. Allergic contact dermatitis (ACD)

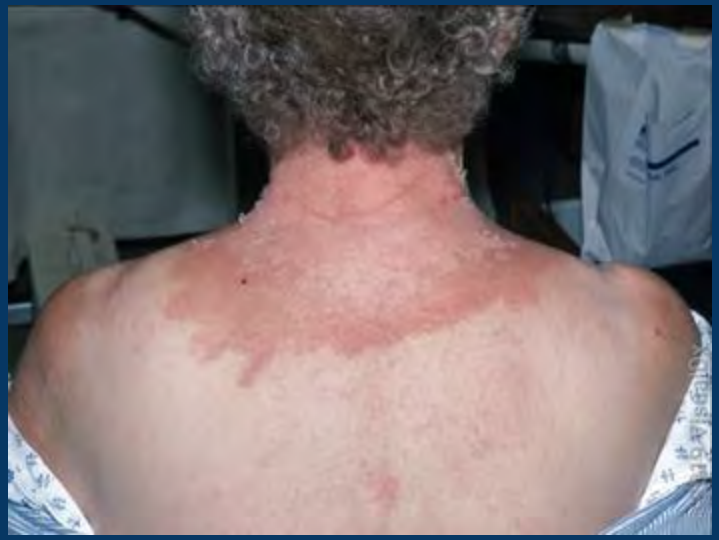




- ACD represents a delayed-type (type IV) HSR that occurs when allergens activate antigen-specific T cells in a sensitized individual
- ACD typically requires repeat exposures before an allergic response is noted. ACD can occur 24-48 hours after exposure to the offending agent.

10. Irritant contact dermatitis

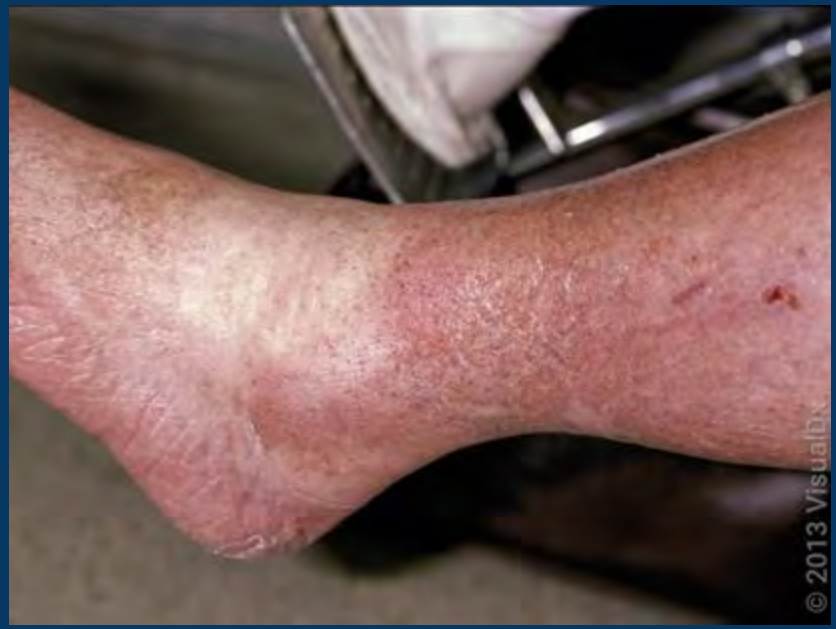




- Irritant contact dermatitis represents the direct toxic effect of an offending agent on the skin
- Irritant contact dermatitis can occur after one exposure to the offending agent

10. Stasis dermatitis

(venous stasis dermatitis)



- Common condition that affects the lower extremities of individuals with compromised vein function (eg, venous valve insufficiency, venous hypertension)
- Most prevalent in older individuals

References

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Thank You!

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Any questions?