Can you spot my spot

QUICK OVERVIEW OF COMMON SKIN CONDITIONS IN THE ELDERLY

Pictorial/ Case study look at skin conditions

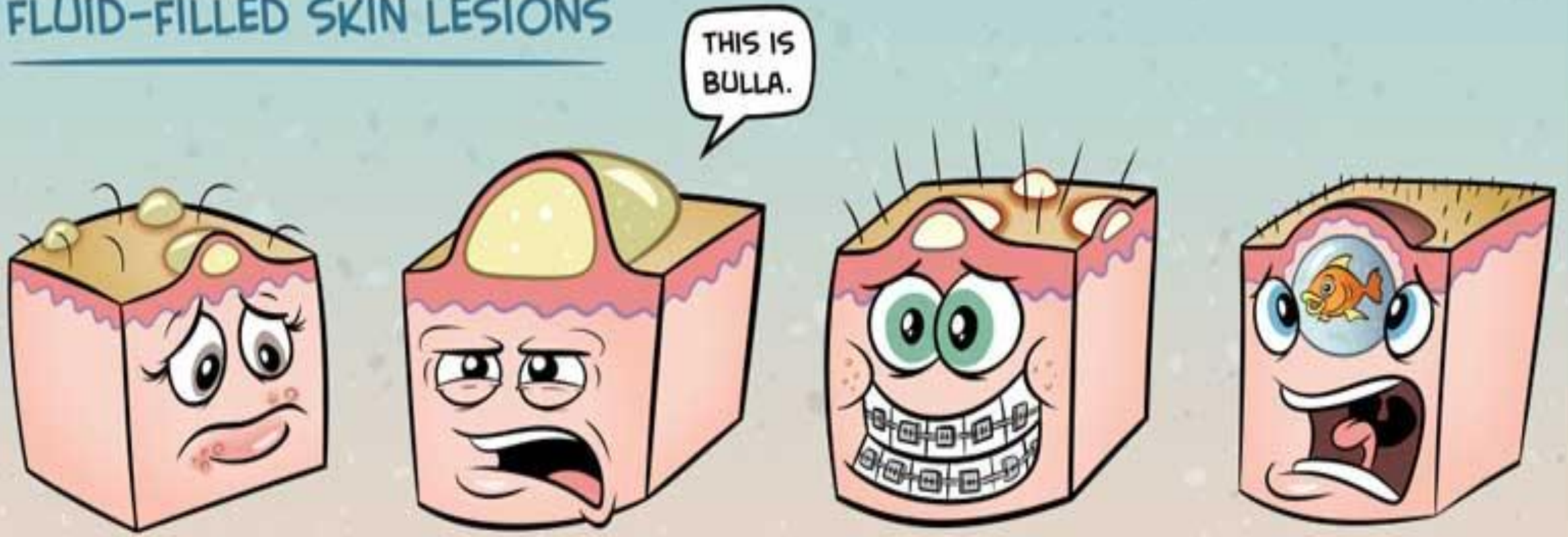
- By

Rachel Hale NP Older Person

Residential Eldercare Services

Rashes

FLUID-FILLED SKIN LESIONS



VESICLE

A CIRCUMSCRIBED COLLECTION OF FREE FLUID LESS THAN 0.5 CM IN DIAMETER

BULLA

A CIRCUMSCRIBED COLLECTION OF FREE FLUID GREATER THAN 0.5 CM IN DIAMETER

PUSTULE

A CIRCUMSCRIBED COLLECTION OF PURULENT EXUDATE THAT VARIES IN SIZE

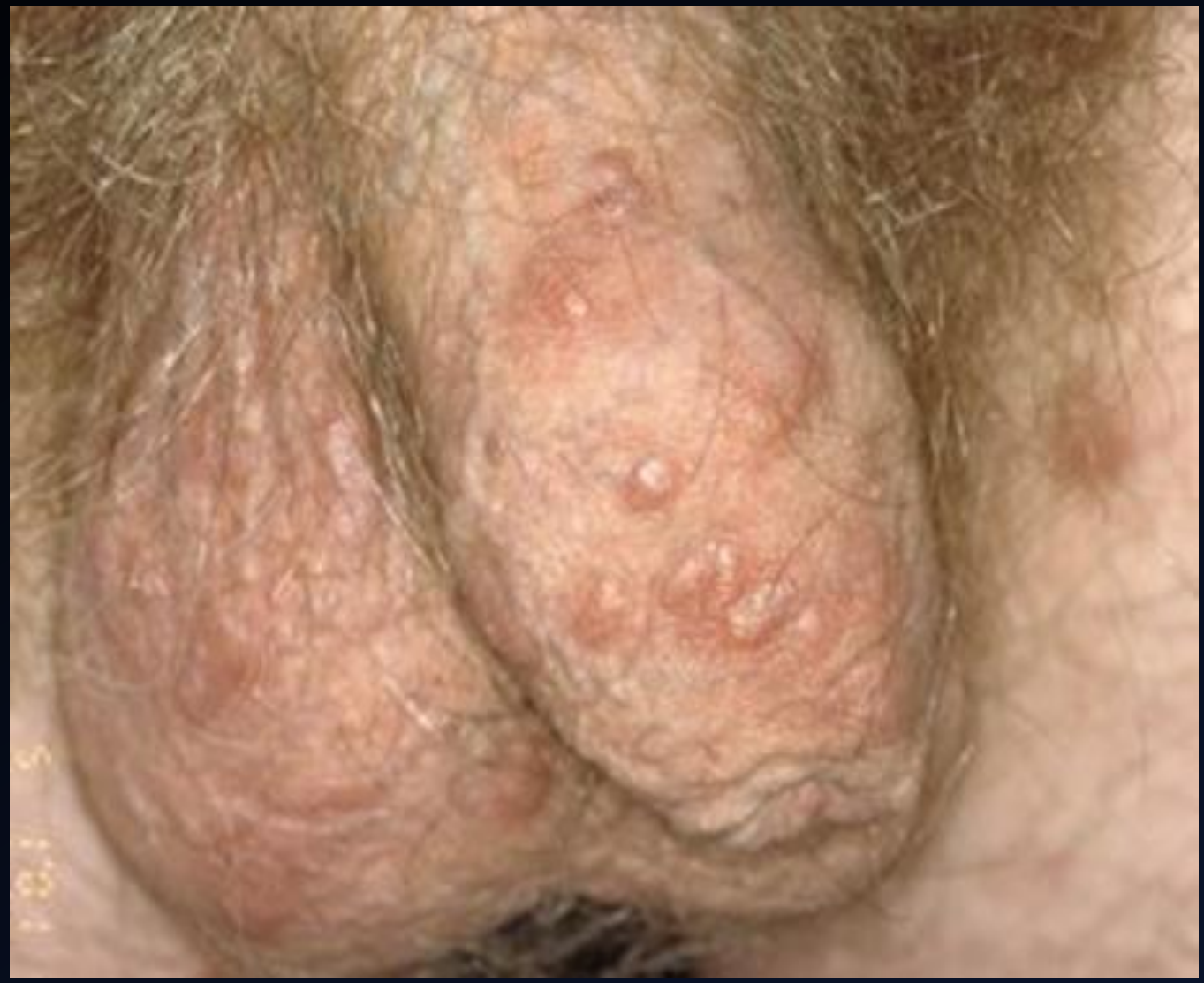
CYST

A CAVITY CONTAINING FLUID OR SEMISOLID MATERIAL SURROUNDED BY AN EPITHELIAL LAYER

Jim

- aged 74
- New admission to Resthome
- Failure to care for self at home
- Had been living in overcrowded family home for last 3 months
- Worried about the bumps

Jim aged 74

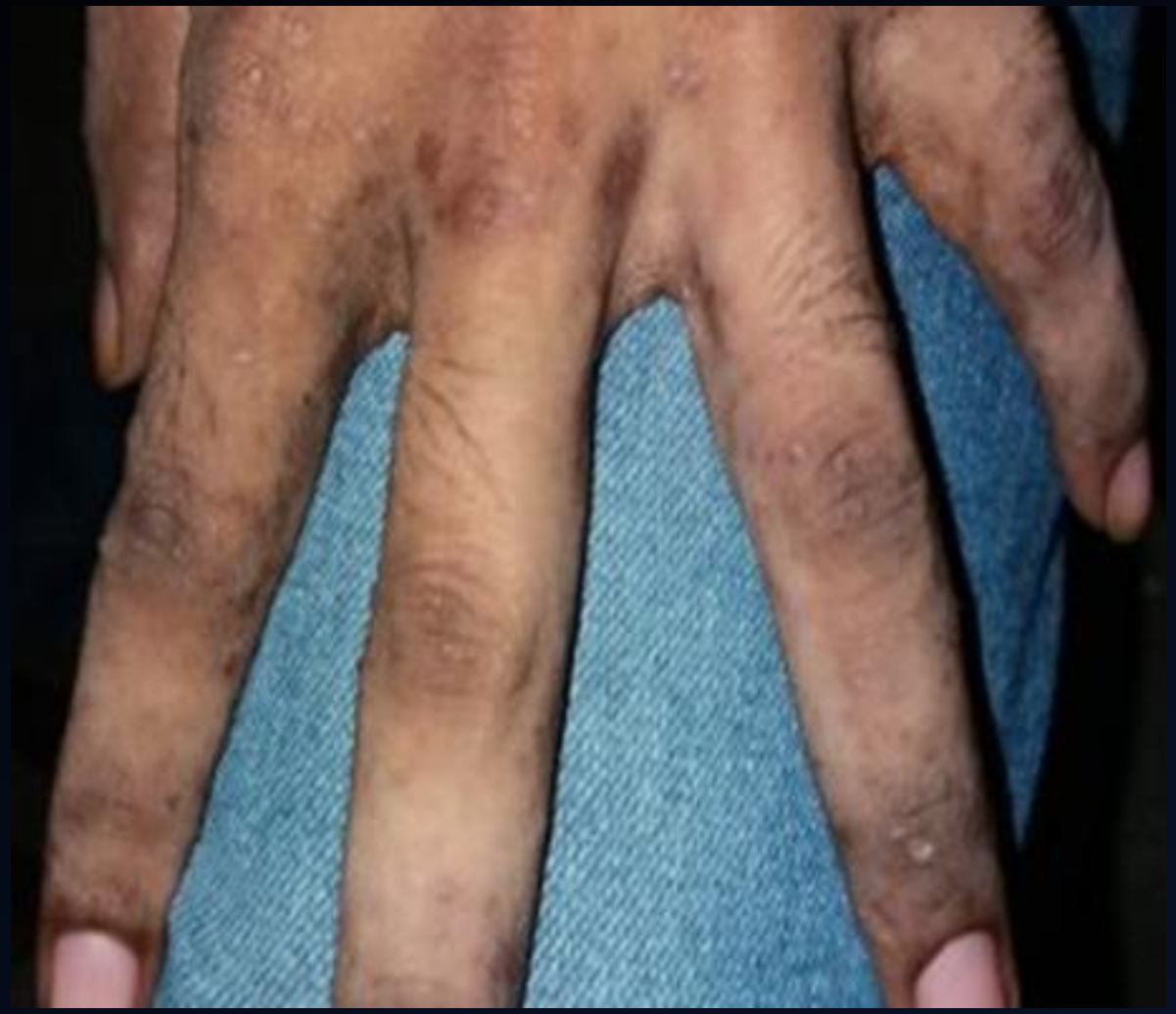


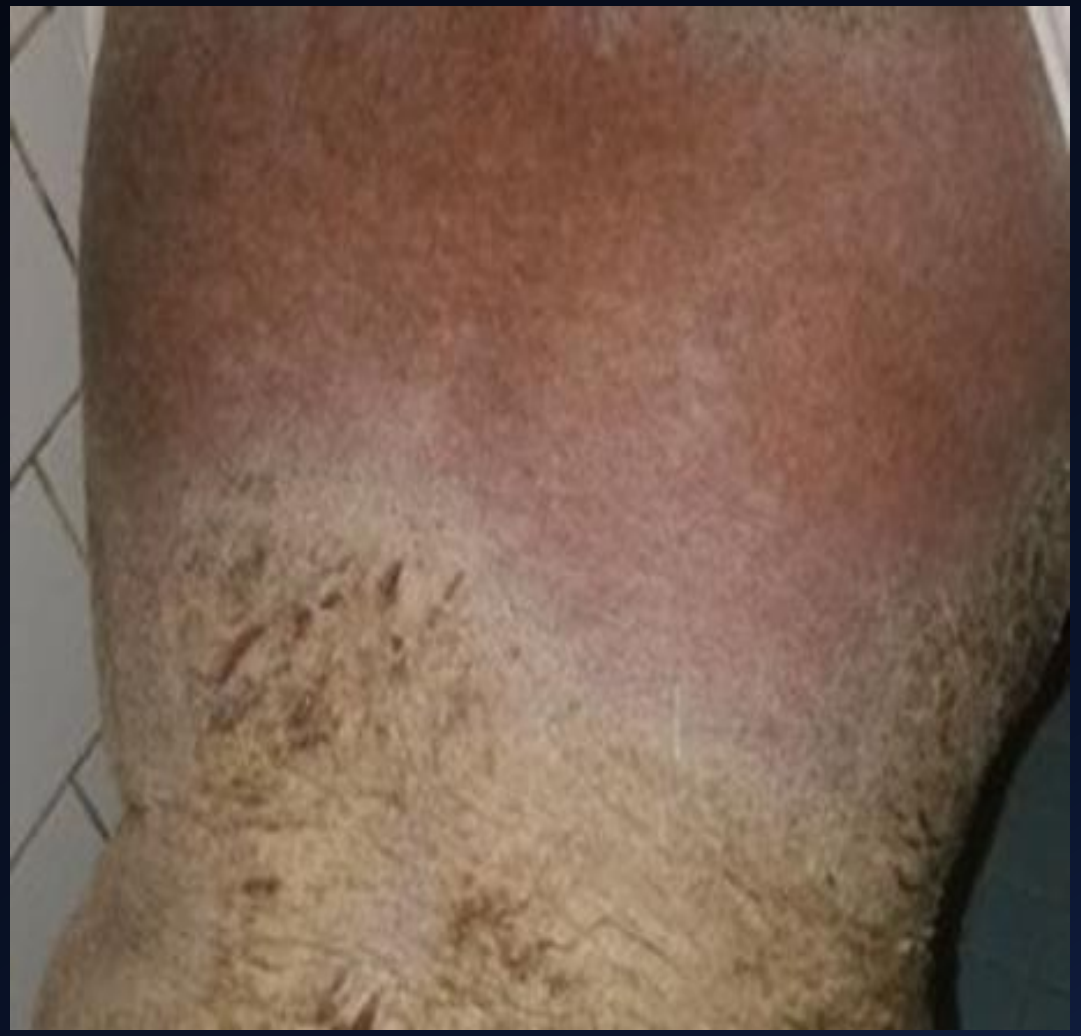
- Symmetry - This is an asymmetrical rash
- Distribution - On the shaft of Jim’s penis and over his buttocks
- Examination - of his finger webs reveals redness and scale
- Morphology- Papules and nodules
- Patterns and configuration - Scattered with no distinct pattern
- Colour Pink/red
- Is it itchy at night or after shower/bath

Diagnosis

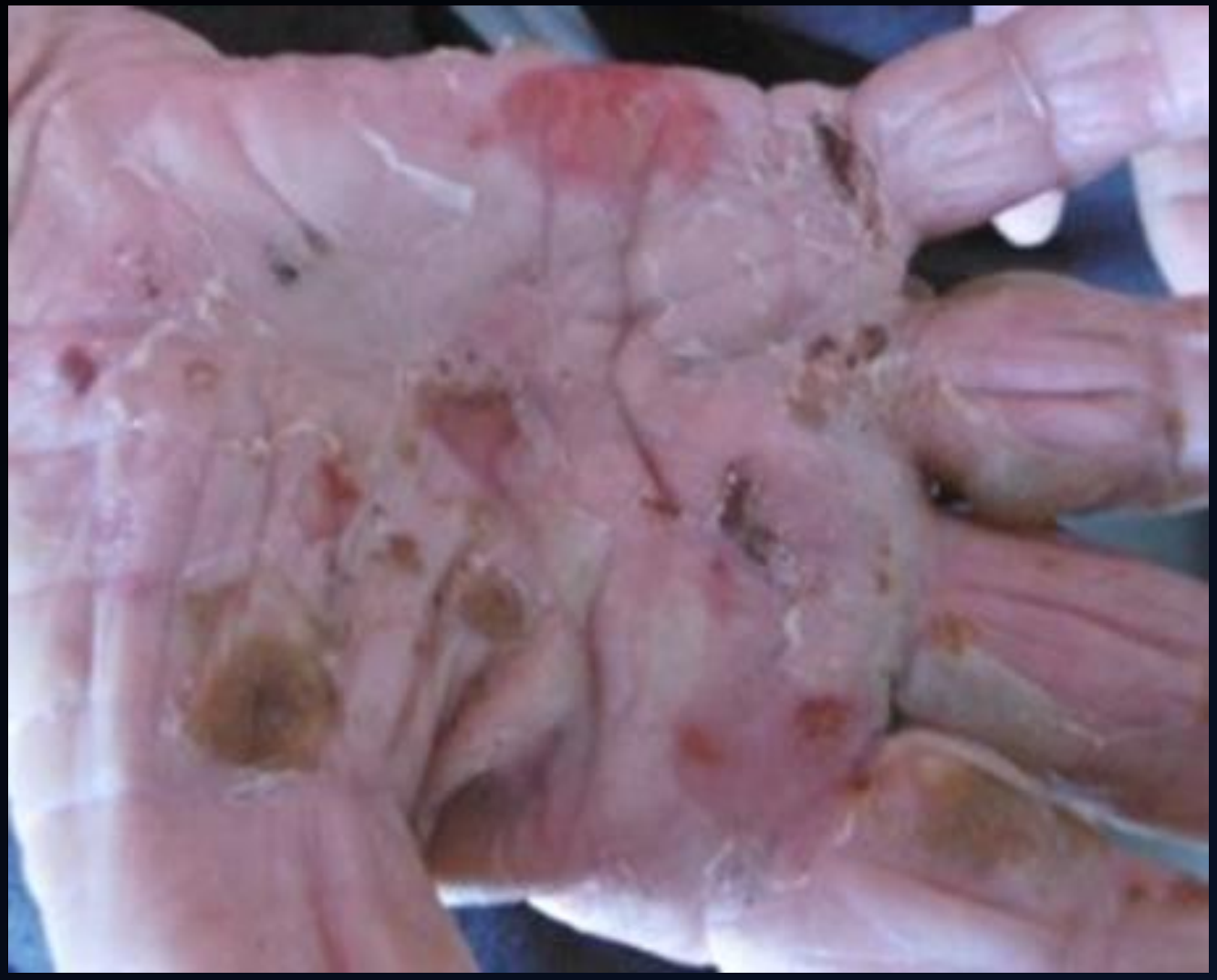
- Scabies

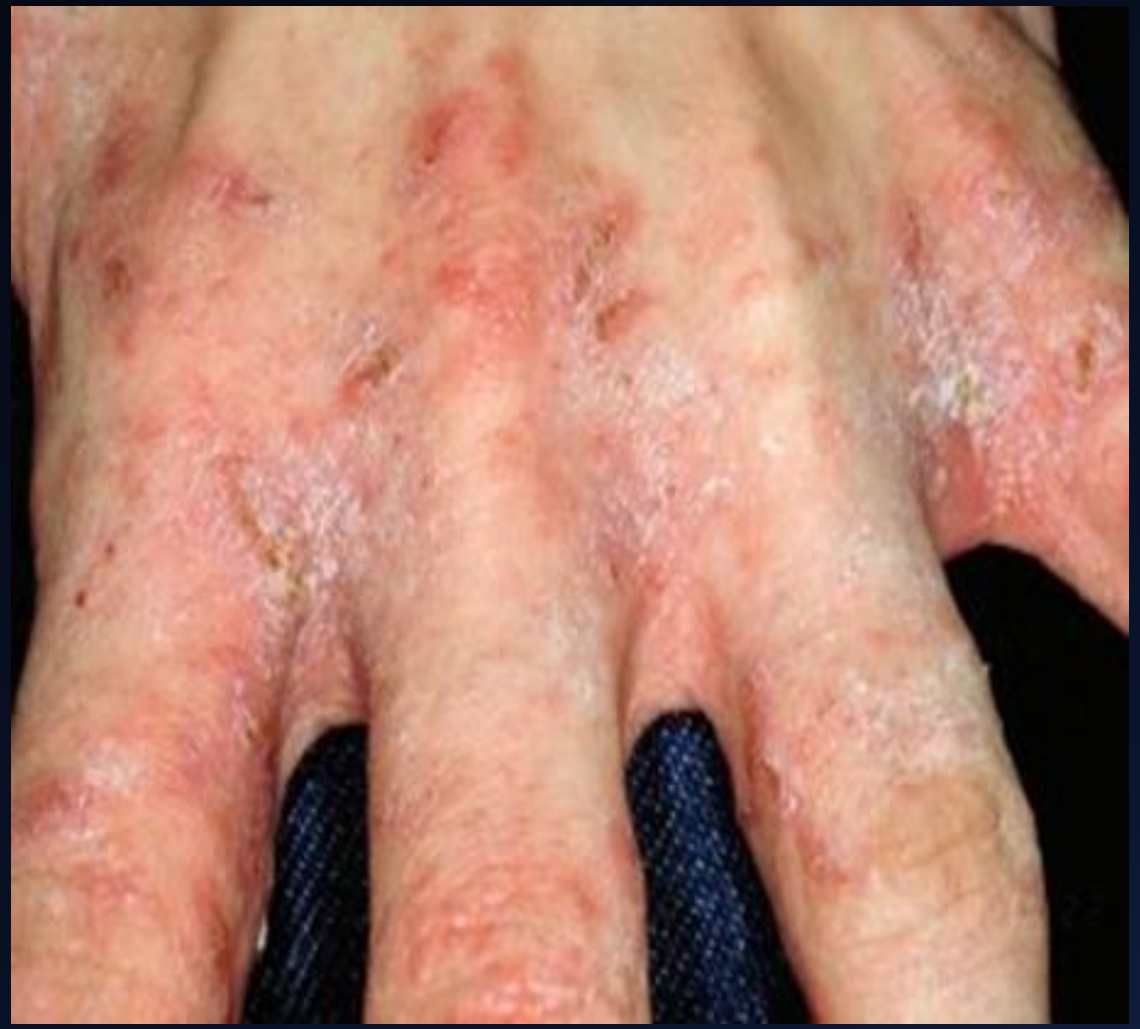
Other photos care of Dermnet

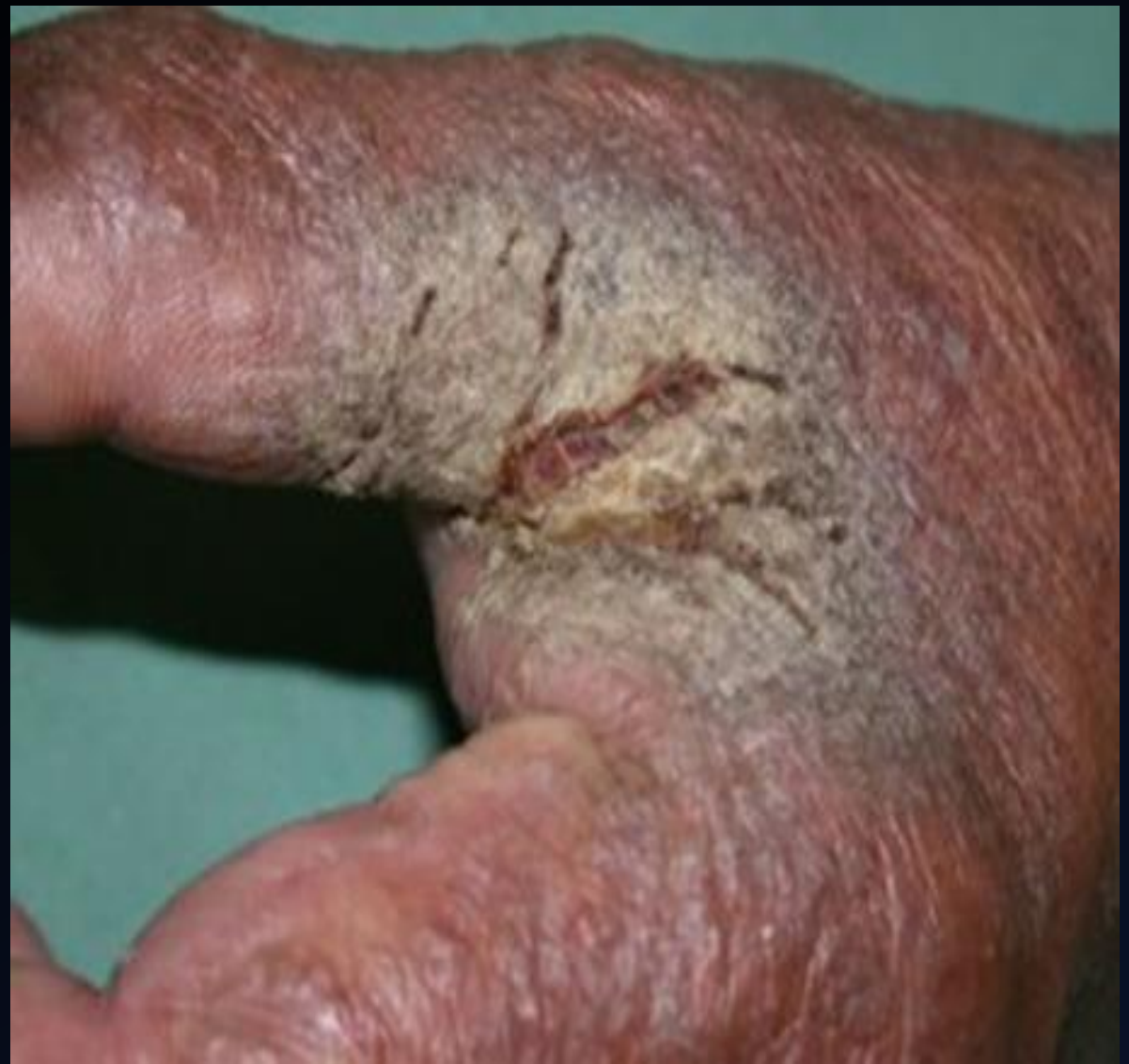


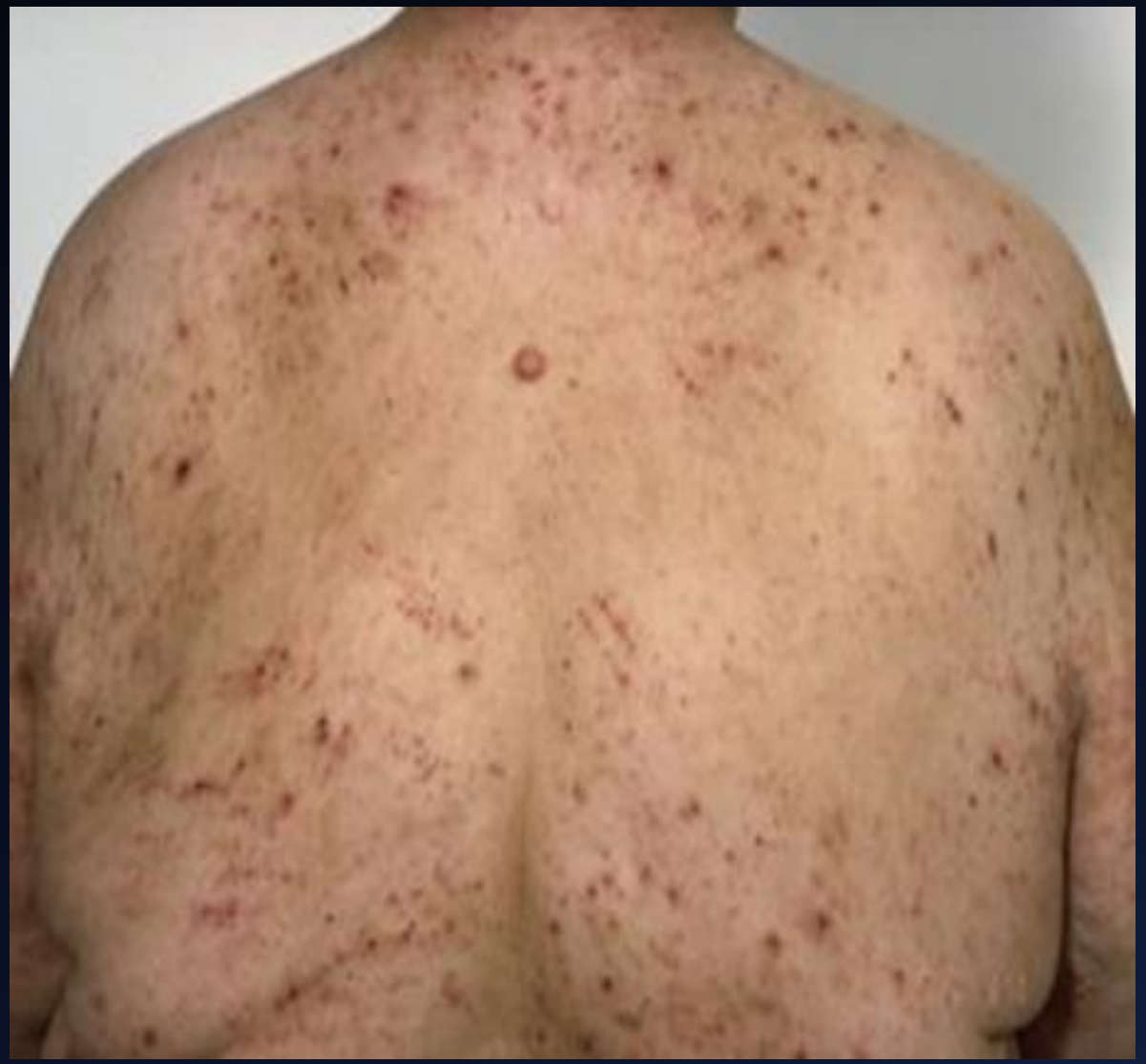


Other photos care of Dermnet









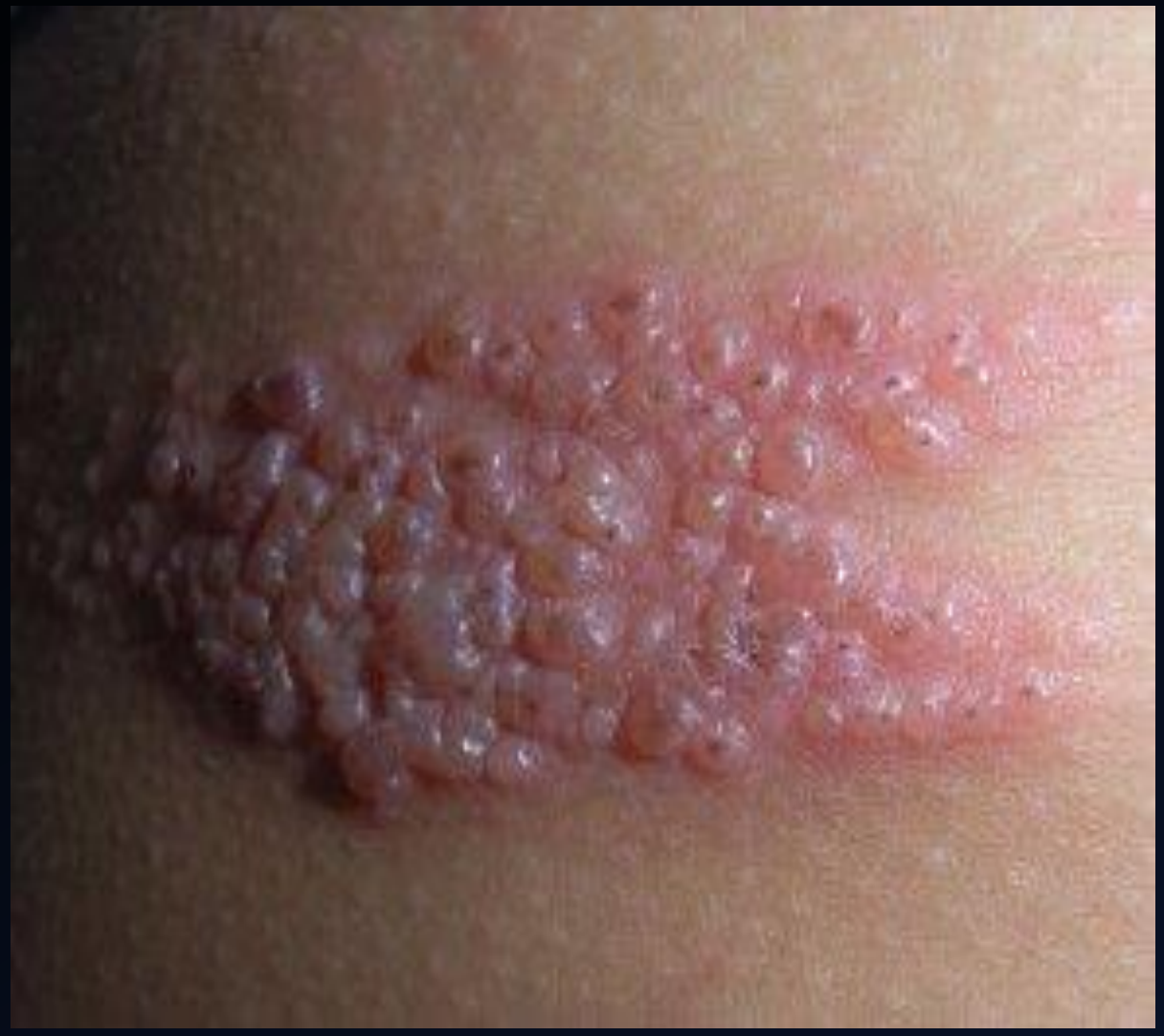
Treatment

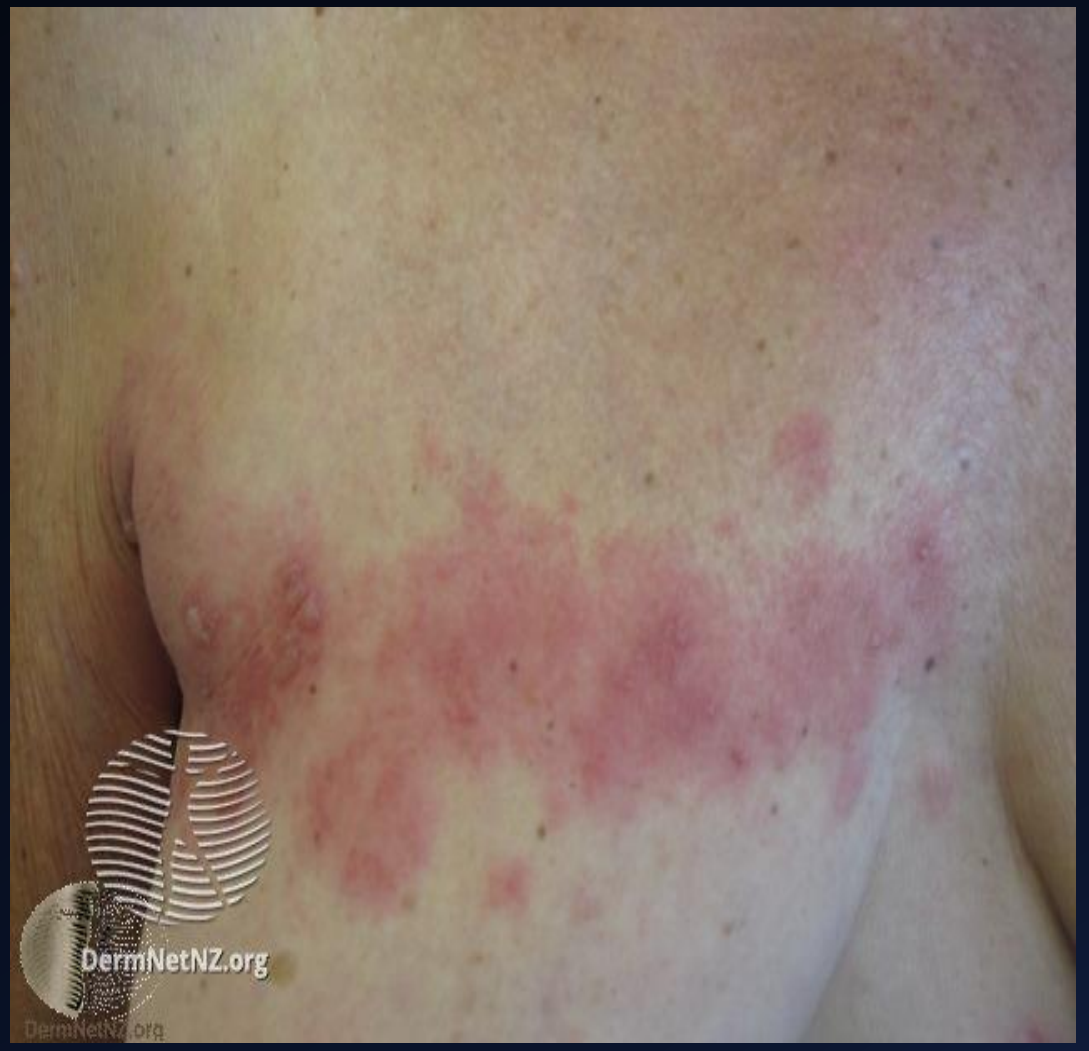
- 5% permethrin cream from nape of neck to soles of feet – left on the skin for 8-12 hours
- Include rubbing into nails carefully including edges
- Repeat 7-10 days later
- Oral ivermectin at 200mcg/kg – not funded
- Combination of both for crusted form
- Don’t forget to treat contacts and launder all bed linen, clothing and blankets
- Non-washable items seal in plastic bag and keep for 1-2 weeks or put in freezer for 3 days

Maurice

- Age 92 years
- Stinging / itchy under left armpit - 2 days
- Now pain in same area but nil to see
- Day 3 small papules/blisters appear
- Rash from scapula to nipple
- Only on 1 side

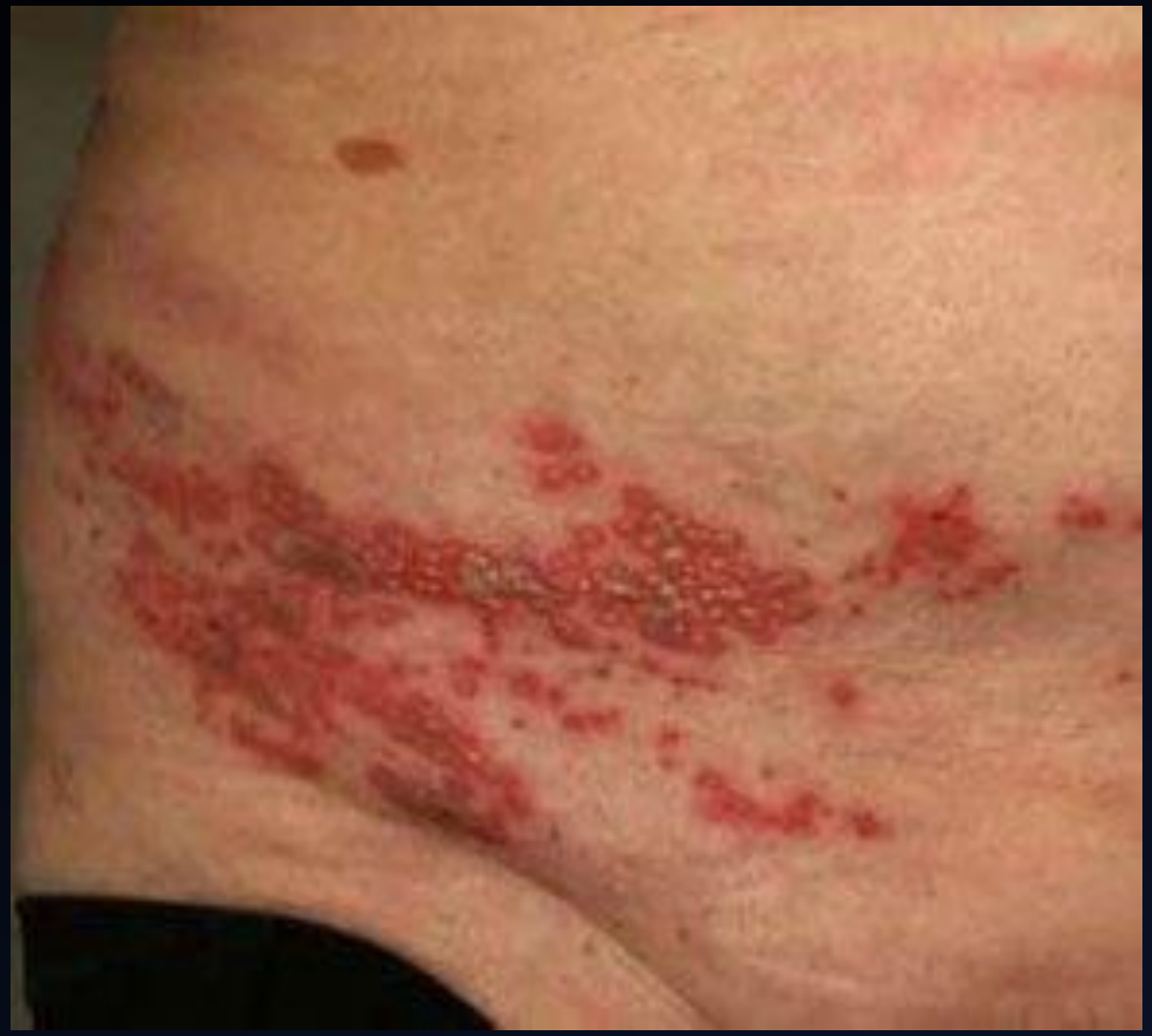
Dermnet photos

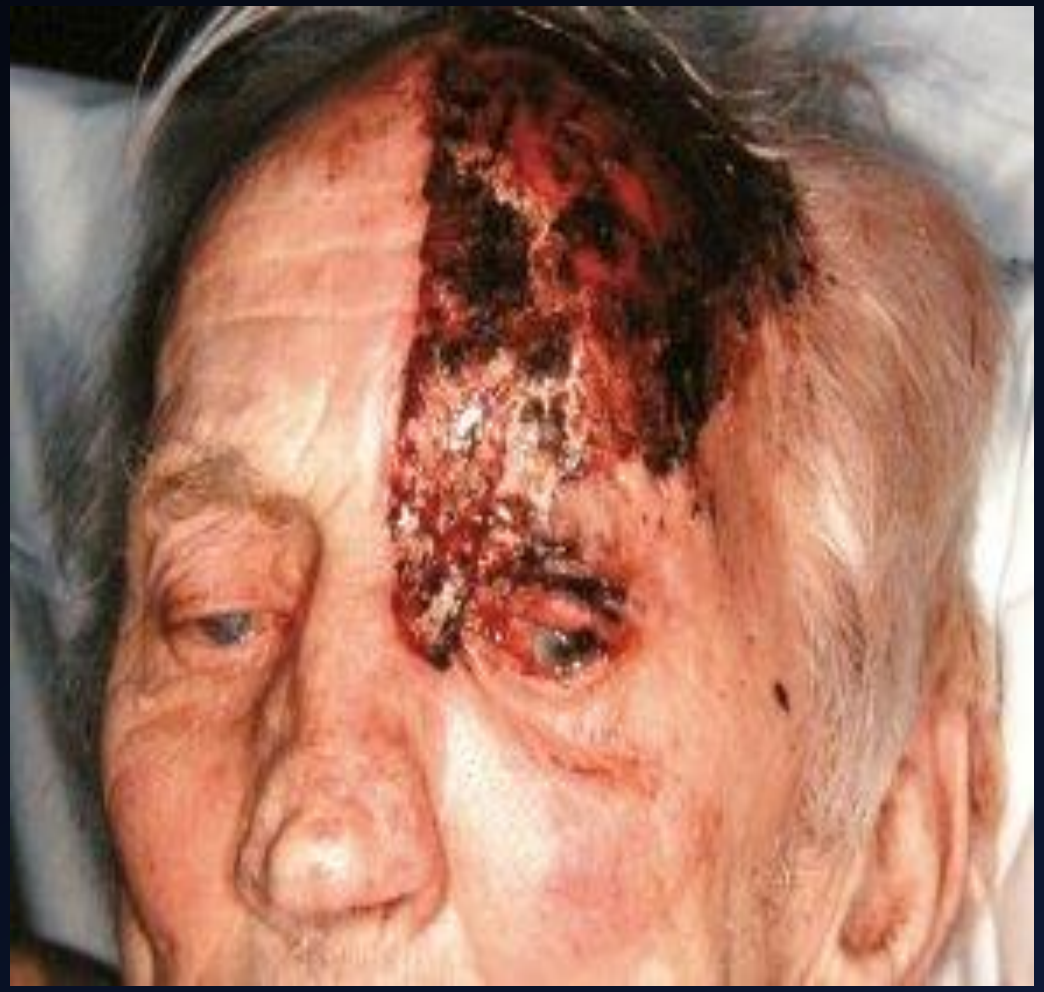




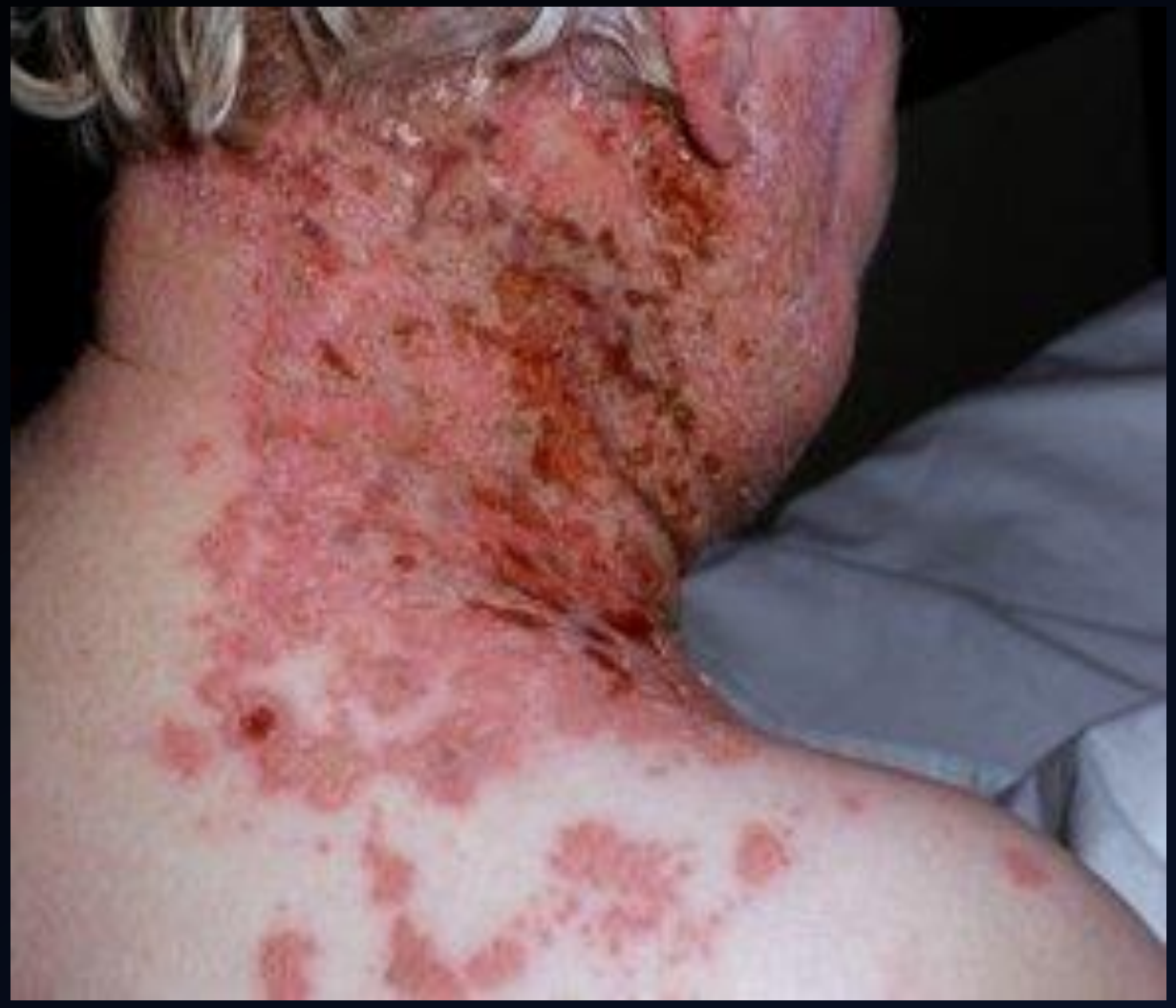
- Symmetry - This is an asymmetrical rash
- Distribution – one side of the trunk only
- Examination – crusty in places and goes from vertebral column to nipple
- Morphology- Papules and vesicles with some scabs
- Patterns and configuration - Scattered with no distinct pattern
- Colour Pink/red with yellow scabs
- Is it itchy at night , burns and stings

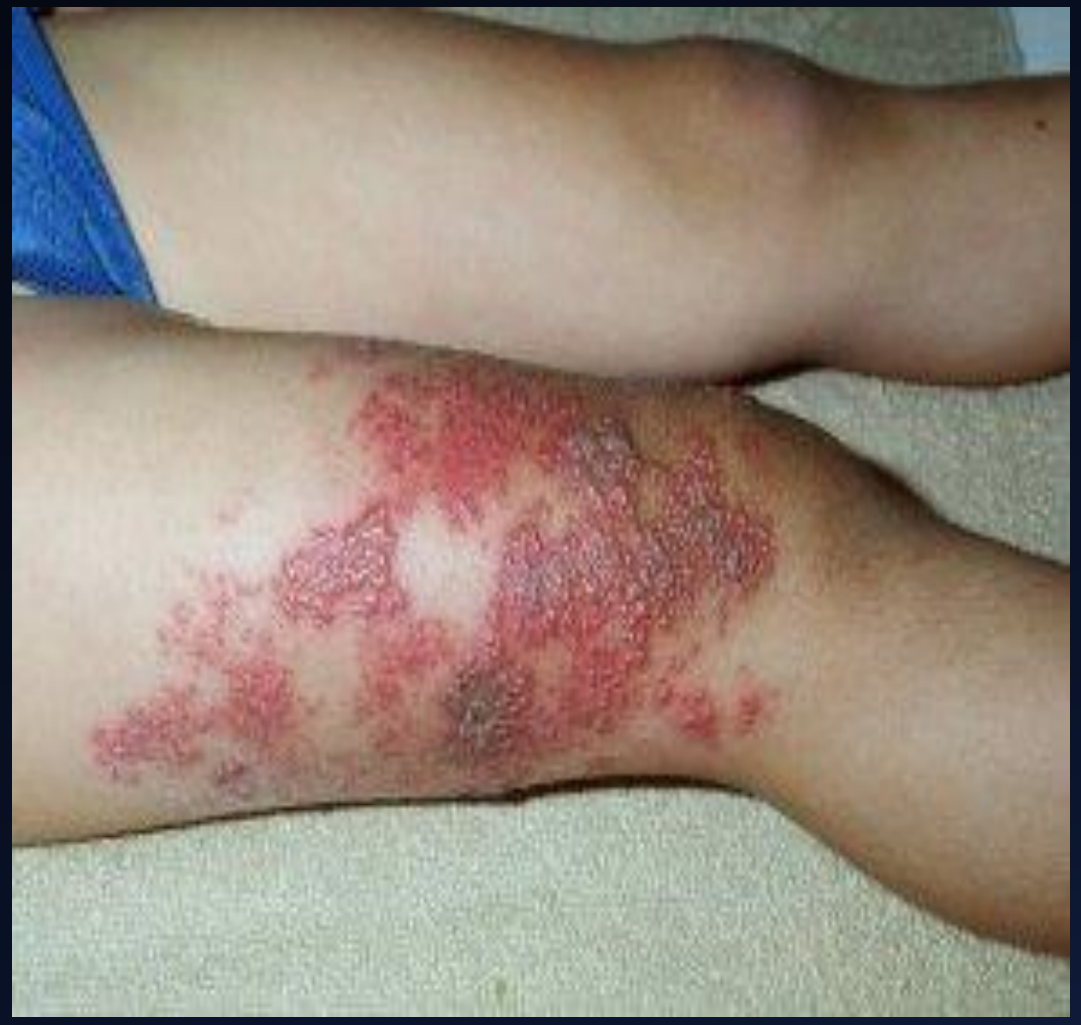
Other areas



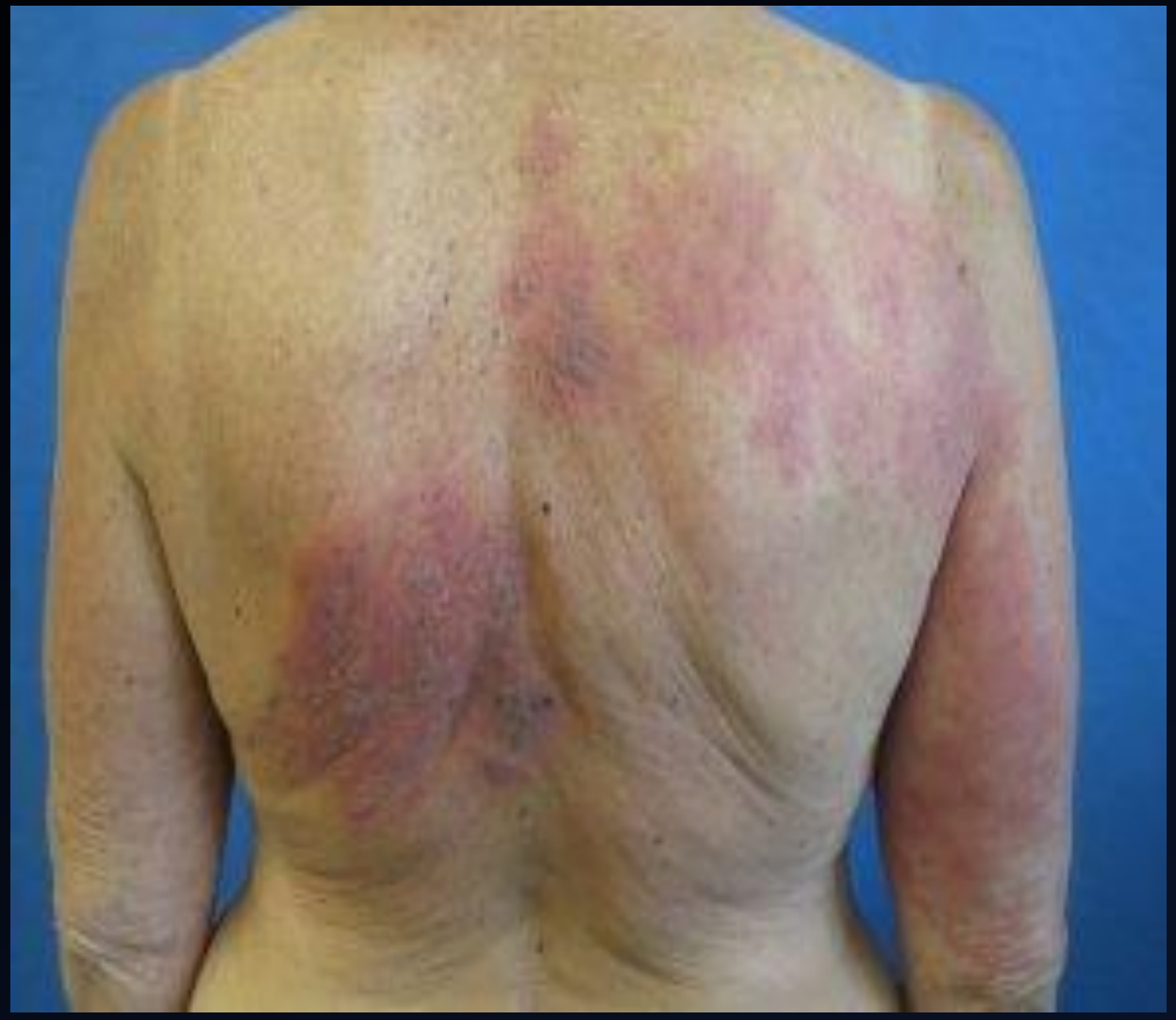


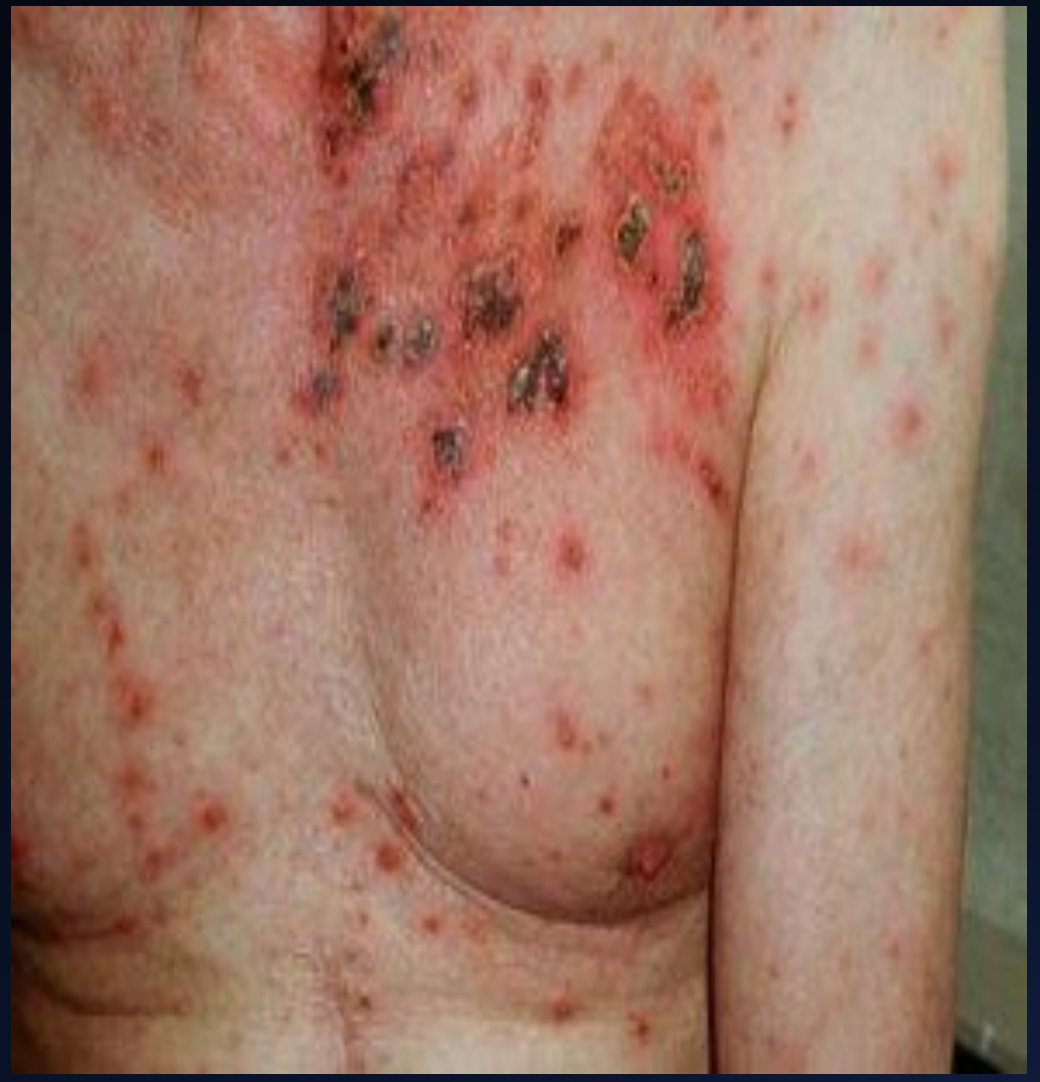
Other images





More





Diagnosis

- Herpes Zoster
- shingles

Treatment

- Herpes zoster immunization to prevent before occurs
- Antivirals if started within 3 days- Aciclovir
- Rest
- Analgesia
- Protective ointment – petroleum Jelly
- Oral antibiotics for secondary infection

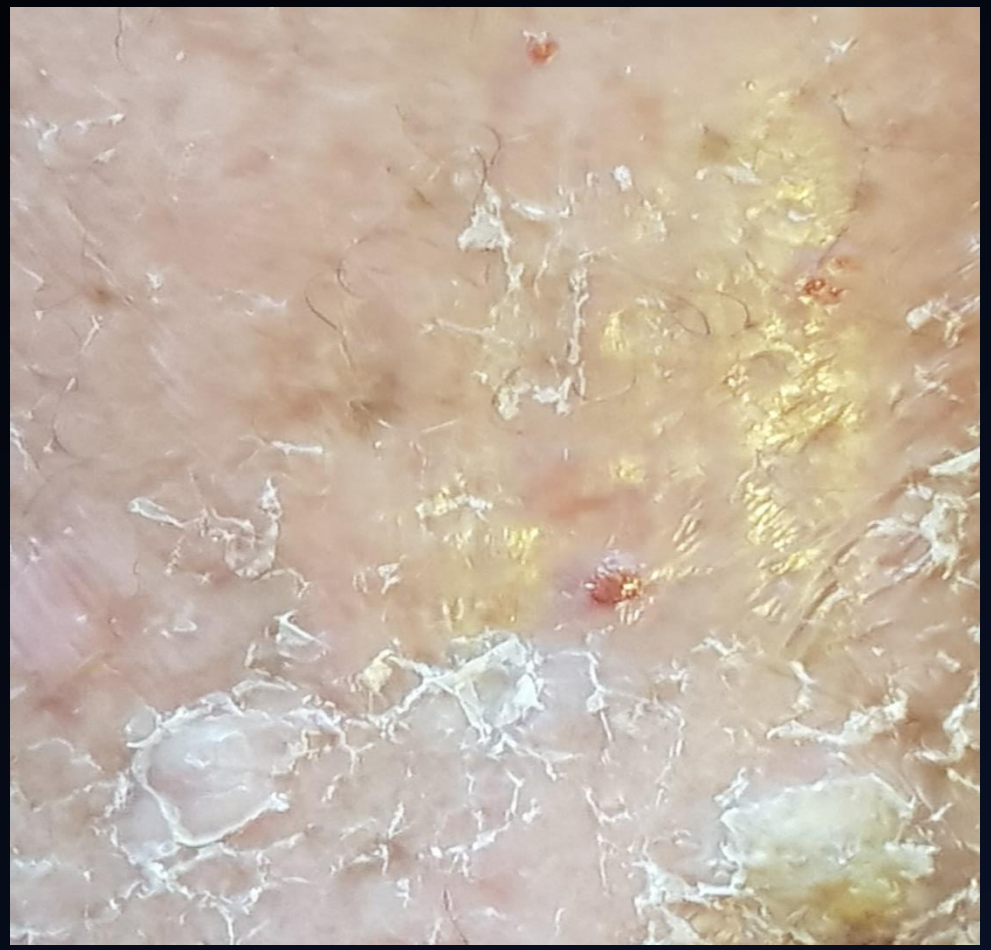
- NOTE – if not had chickenpox then they are infectious
- Types of Pain relief –
  - Capsasin cream – post acute phase
  - Paracetamol/ codeine
  - Local anaesthetic ointment
  - Gabapentin or pregabalin
  - Tricyclic medications
  - Botullium toxin injections to area

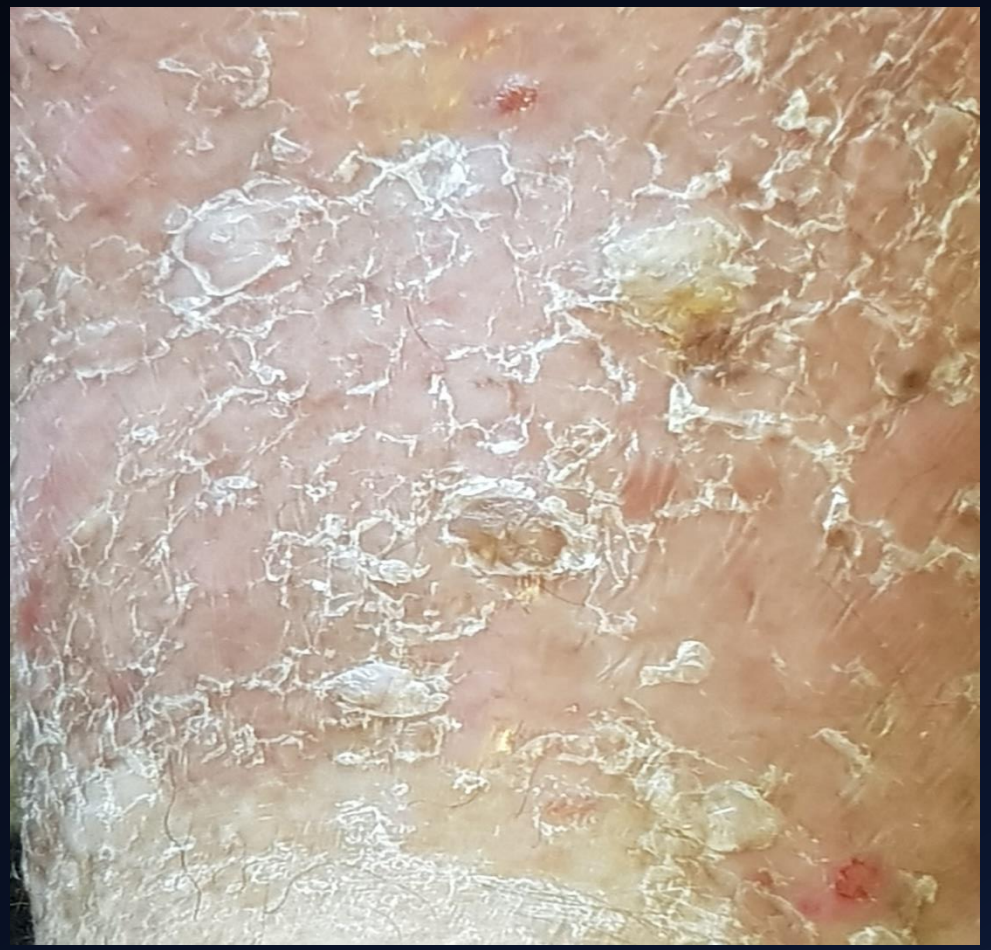
  - NSAID and opioids are generally unhelpful

Eileen

- Aged 92
- Immobile
- Has chronic pitting oedema
- Has history of leg ulcers
- Gets cellulitis with wounds

Eileen's lower legs



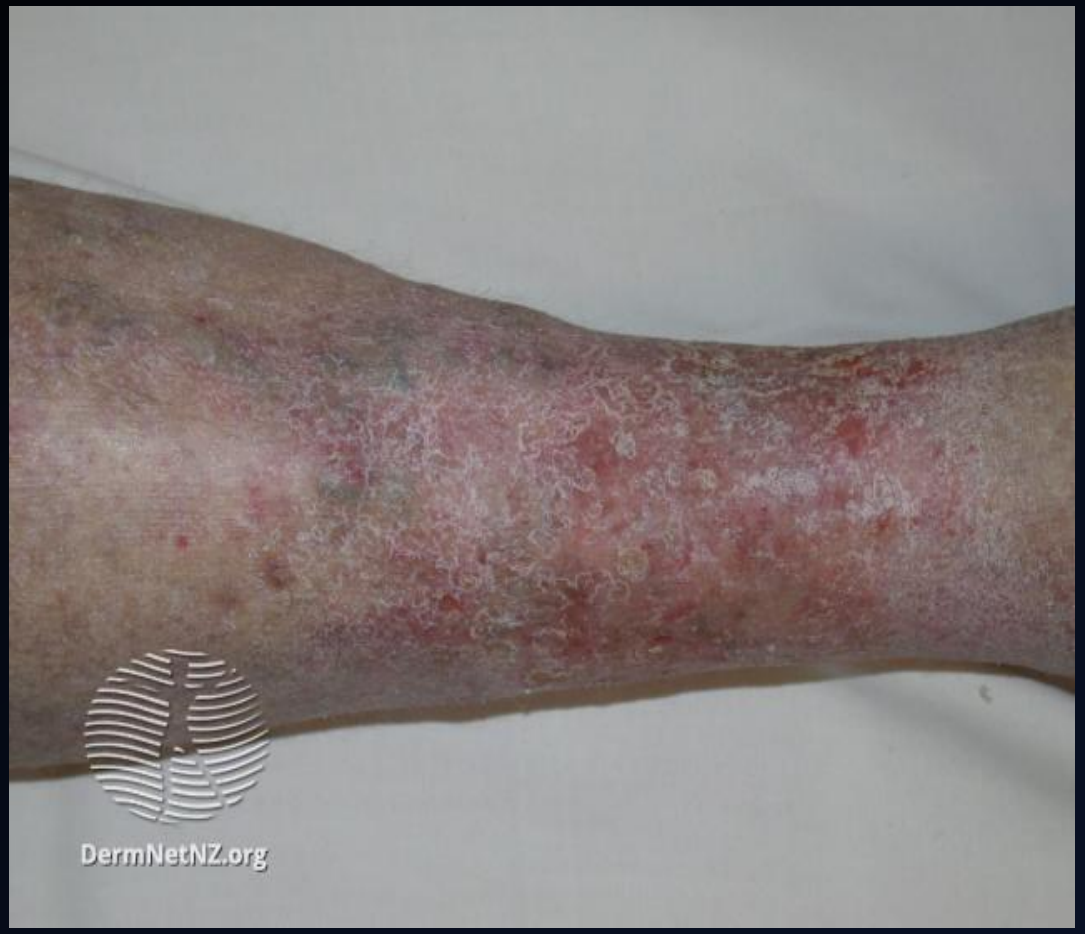


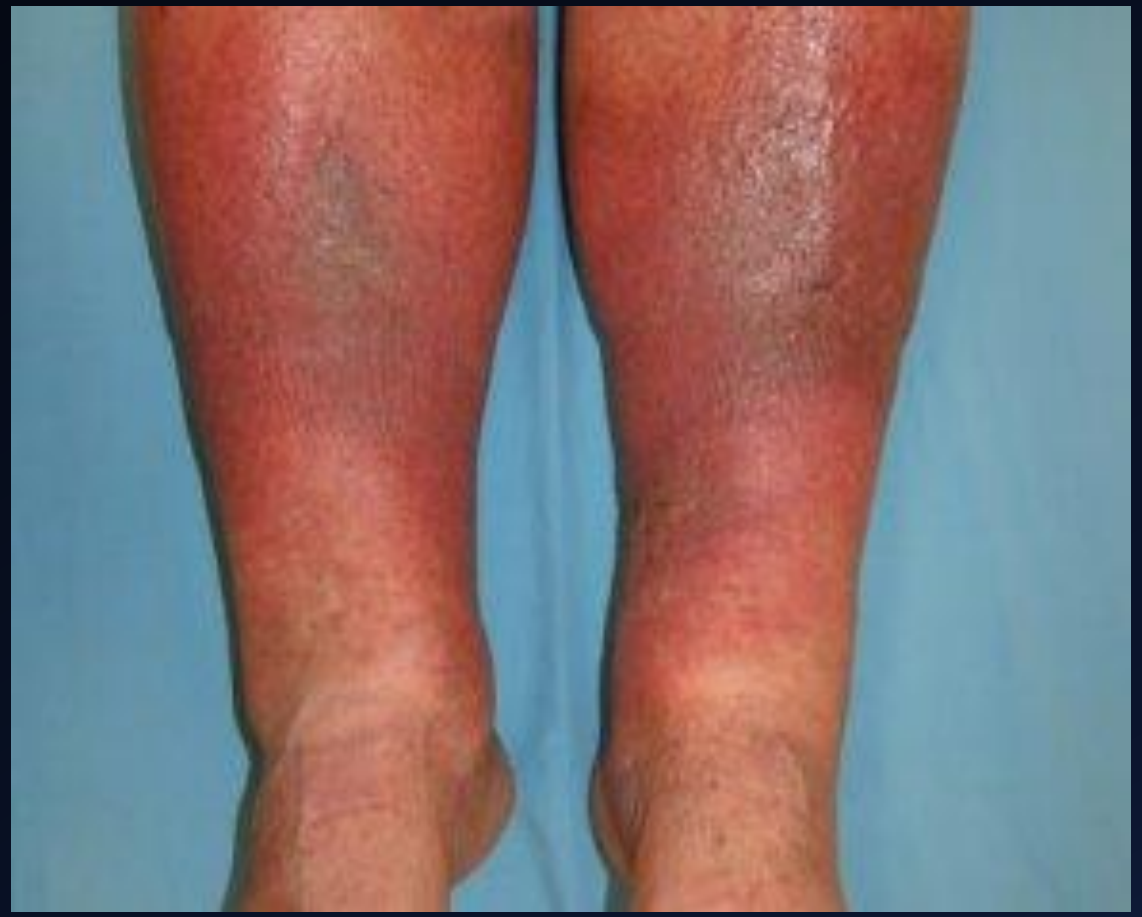
- Symmetry - This is a symmetrical rash
- Distribution – both lower legs
- Examination – skin scale but not uniform
- Morphology- scale and plaques
- Patterns and configuration - Scattered with no distinct pattern
- Colour Pink with scale
- Is it itchy at times – poor or reduced pedal pulses

Diagnosis

- Varicose/ venous eczema

Unilateral or bilateral





Treatment

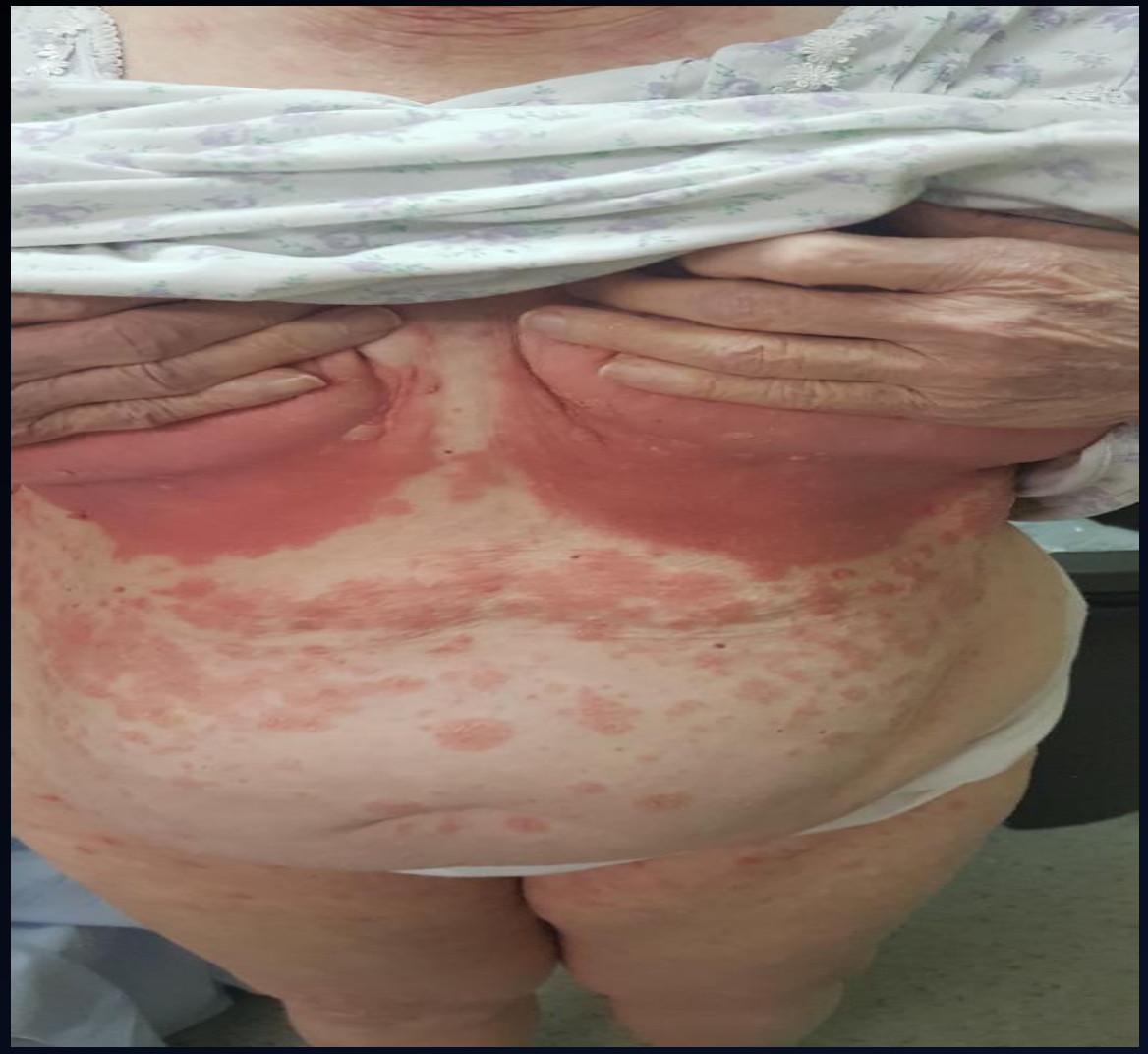
- Don't stand for long periods.
- Elevate the feet when sitting: if the legs are swollen they need to be above your hips to drain effectively.
- Elevate the foot of the bed overnight.
- During the acute phase of eczema, bandaging is important to reduce swelling.
- When the eczema has settled, wear graduated compression socks or stockings long term. Fitted moderate to high compression socks can be obtained from a surgical supplies company. Light compression using travel socks may be adequate, and these are easy to put on. They can be bought at pharmacies, travel and sports stores. More compression is obtained by wearing two pairs.
- If oozing then Dry up oozing patches with dilute vinegar on gauze as compresses.
- Oral antibiotics such as flucloxacillin may be prescribed for secondary infection.
- Apply a prescribed topical steroid: Check with the doctor/NP if you are using steroid creams for more than a few weeks. Overuse can thin the skin, but short courses of stronger preparations can be used from time to time . Coal tar wash or ointment may also help.
- Use a moisturising cream frequently to keep the skin on the legs smooth and soft. If the skin is very scaly, urea cream may be especially effective.
- Protect your skin from injury: this can result in infection or ulceration that may be difficult to heal.

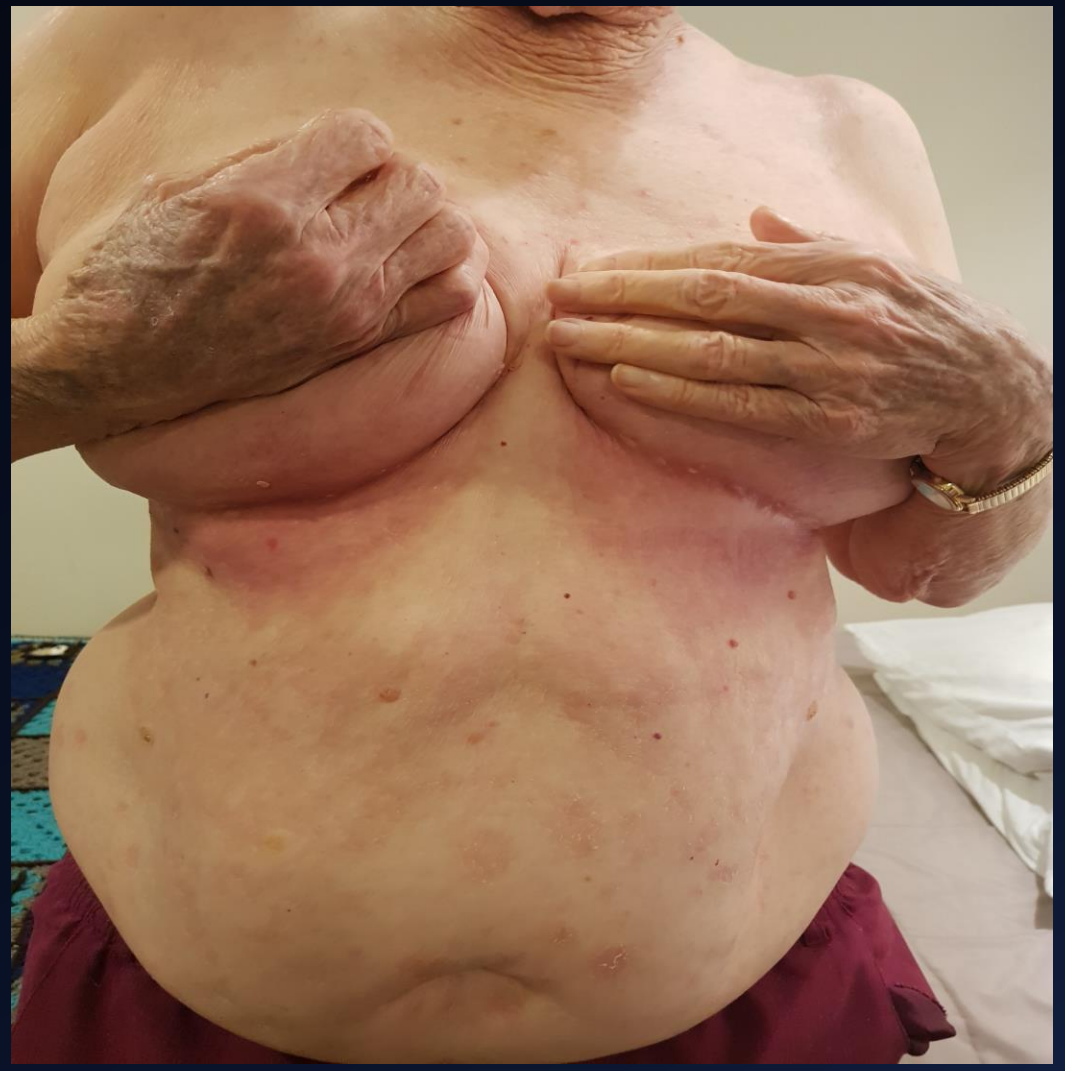
"I don't know what these dots are ...
but ya mind if I connect 'em?"

Patricia

- Aged 87 years
- Presented to staff with truncal rash
- Painful in places
- Itchy in others
- Originally presented as candida under breasts
- Starts in body folds
- Smooth well defined areas

Patricia’s photos before and after 7 days treatment





- Symmetry - This is an asymmetrical rash
- Distribution – under breasts and spreading to trunk, spots are scaly
- Examination – very red skin
- Morphology- red flat inflamed skin scaly spots
- Patterns and configuration - Scattered with no distinct pattern
- Colour red with spots on trunk
- Painful and smells and spots are itchy when hot

Diagnosis

- flexural psoriasis colonised with candida

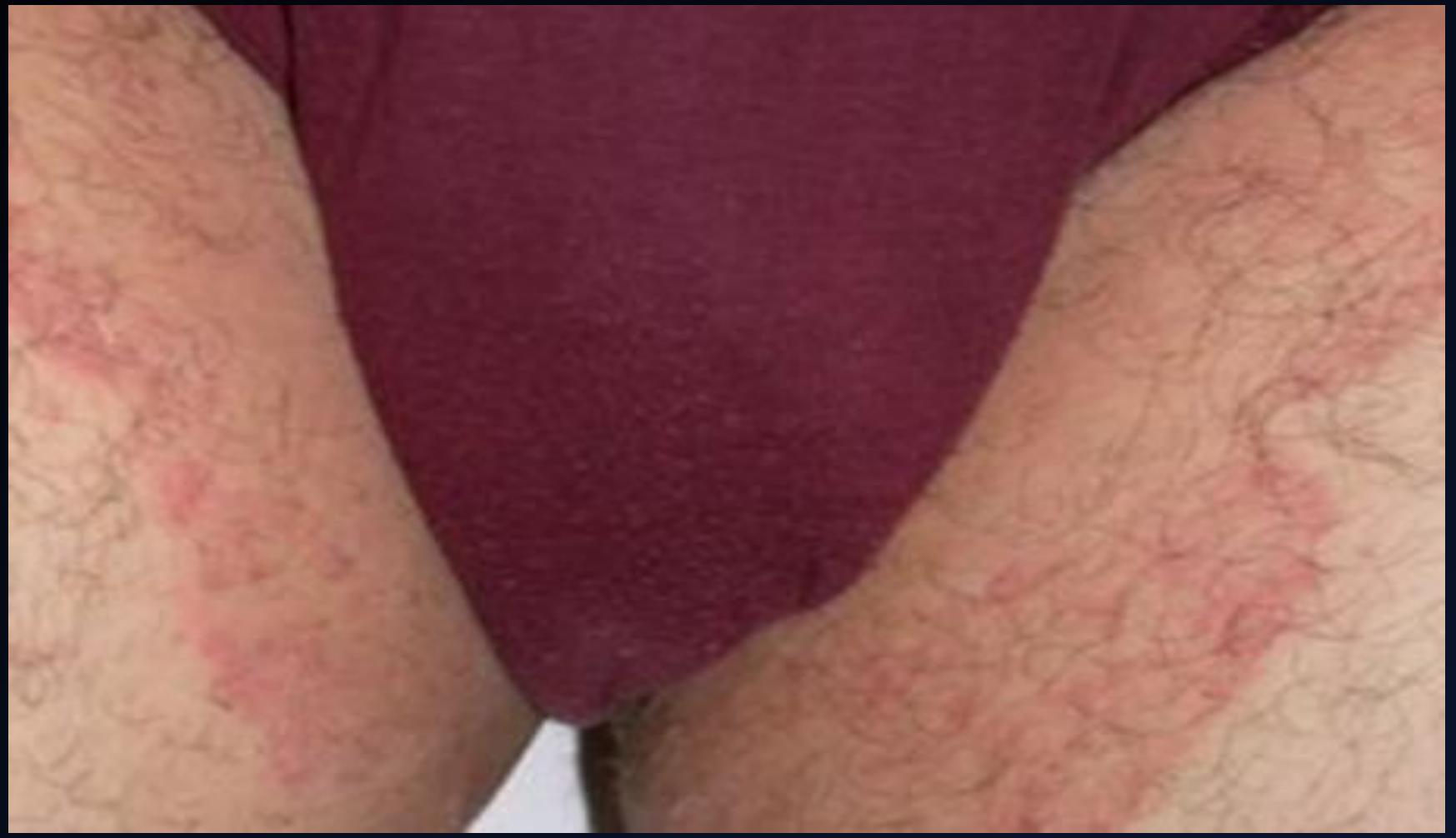
Treatment

- emollient
- corticosteroid cream
- Vitamin D cream
- Salicylic acid as a base ointment to allow penetration
- Coal tar products

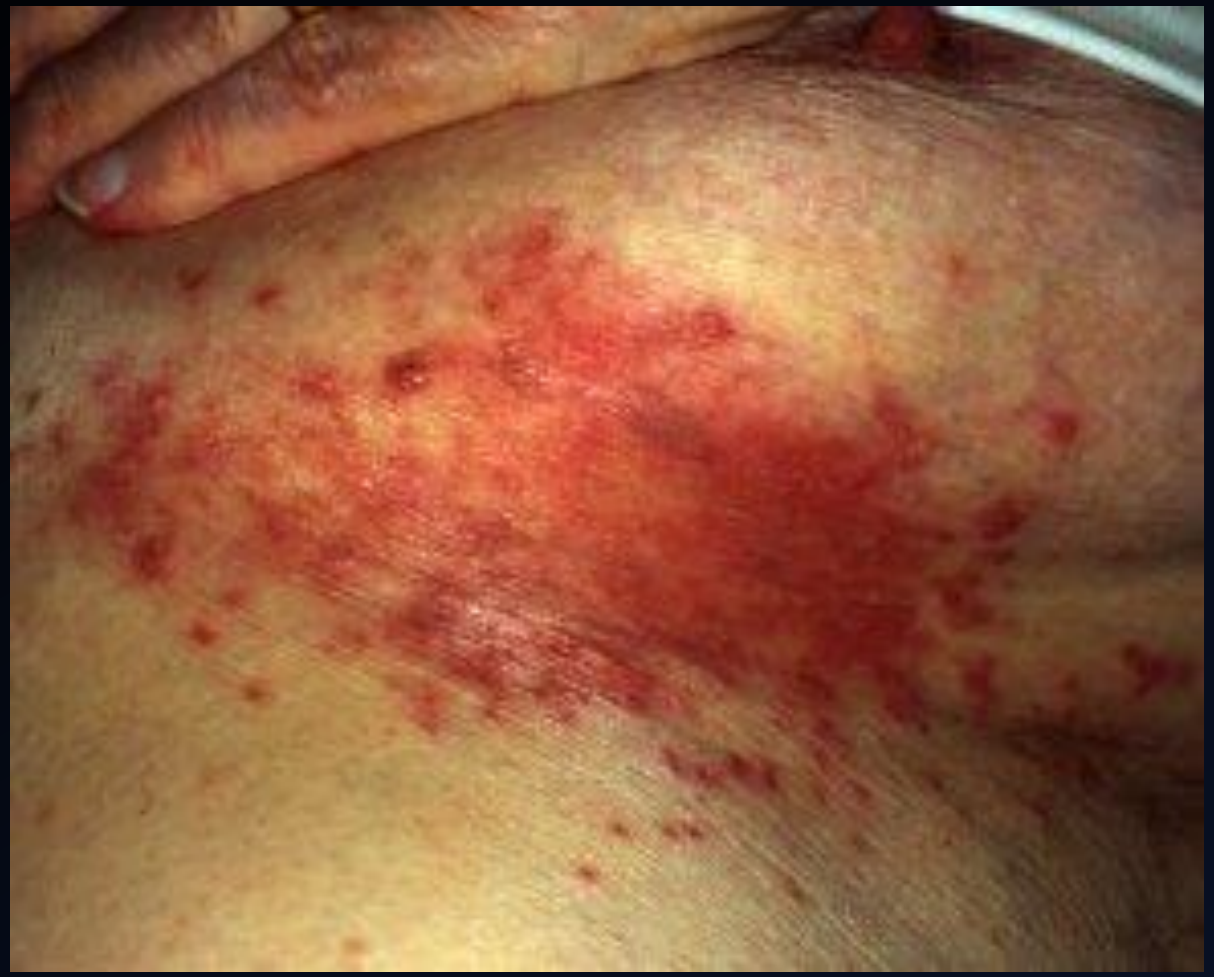
Barbara

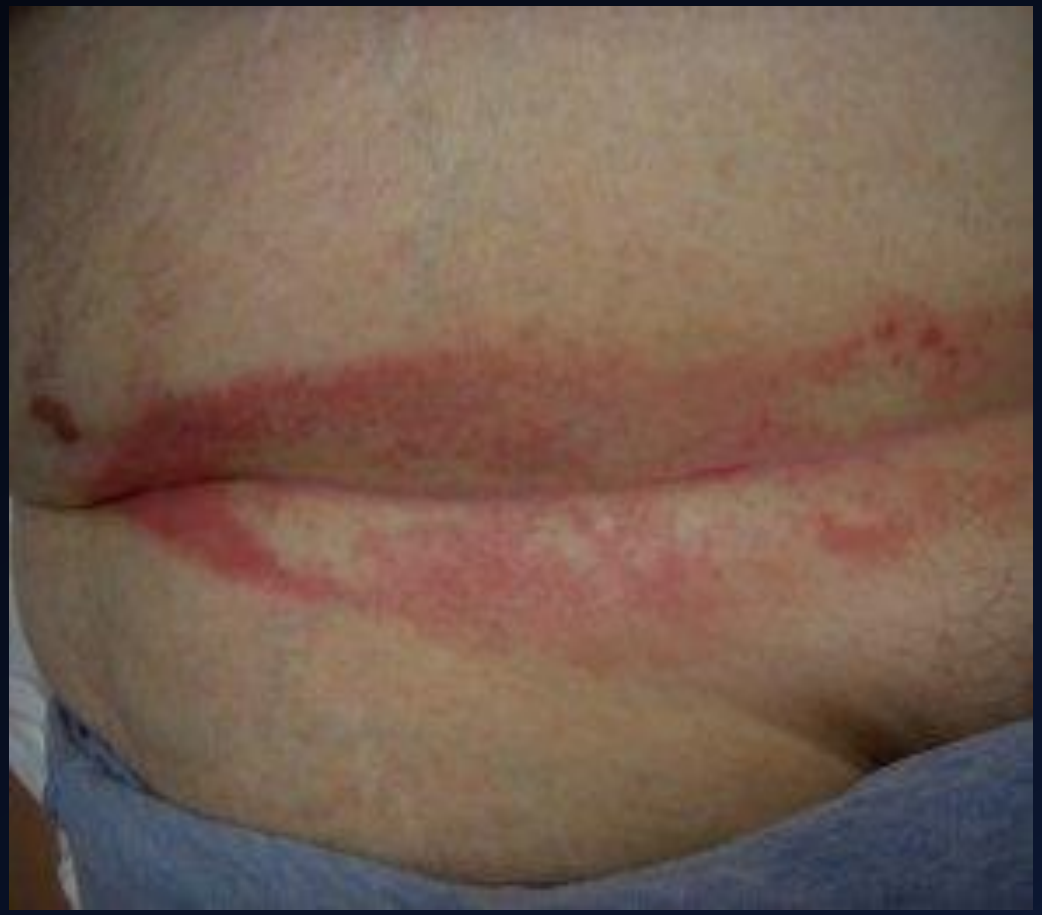
- Aged 96 years
- Hospital level care
- Incontinent

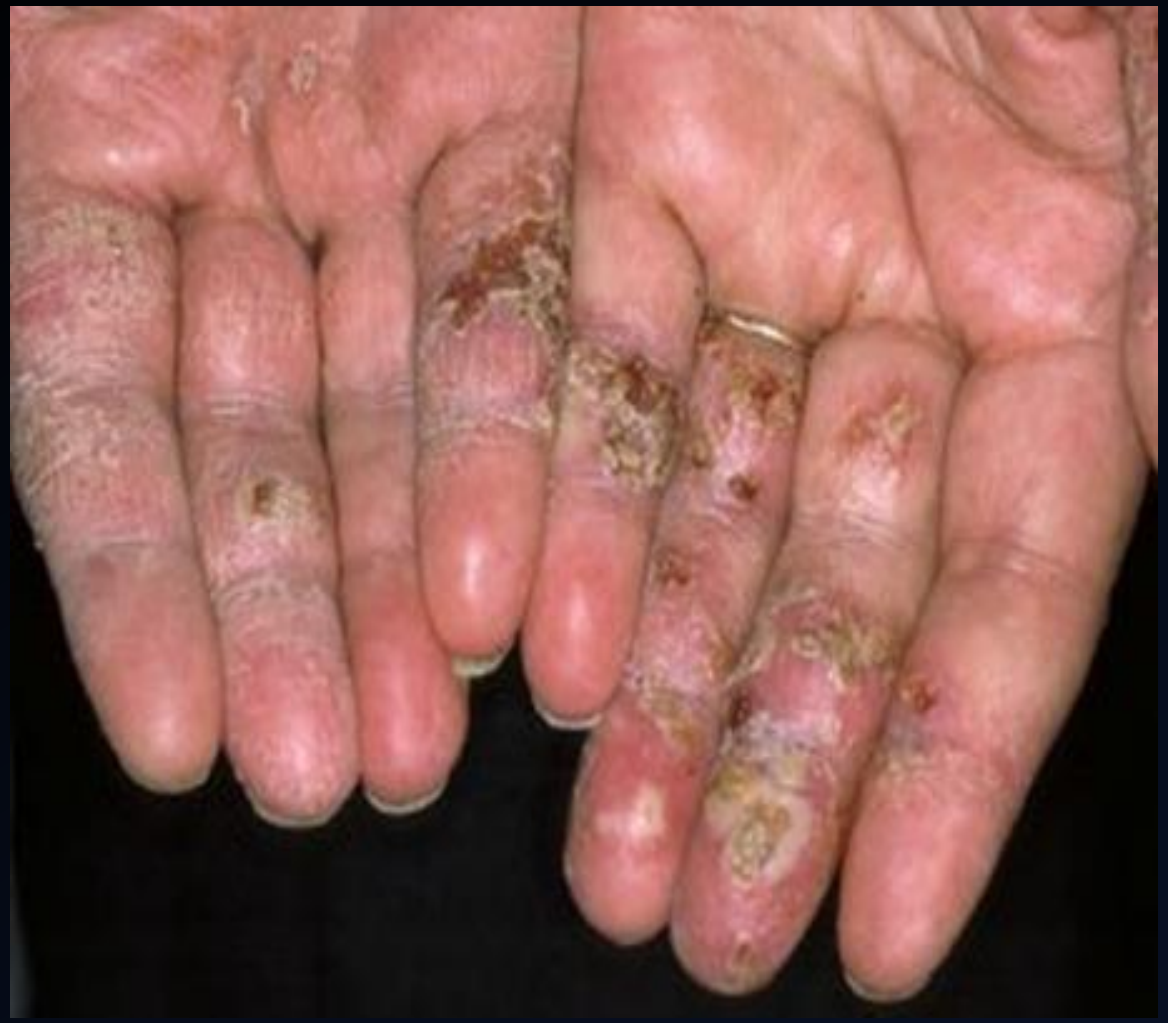
Not Barbara but similar

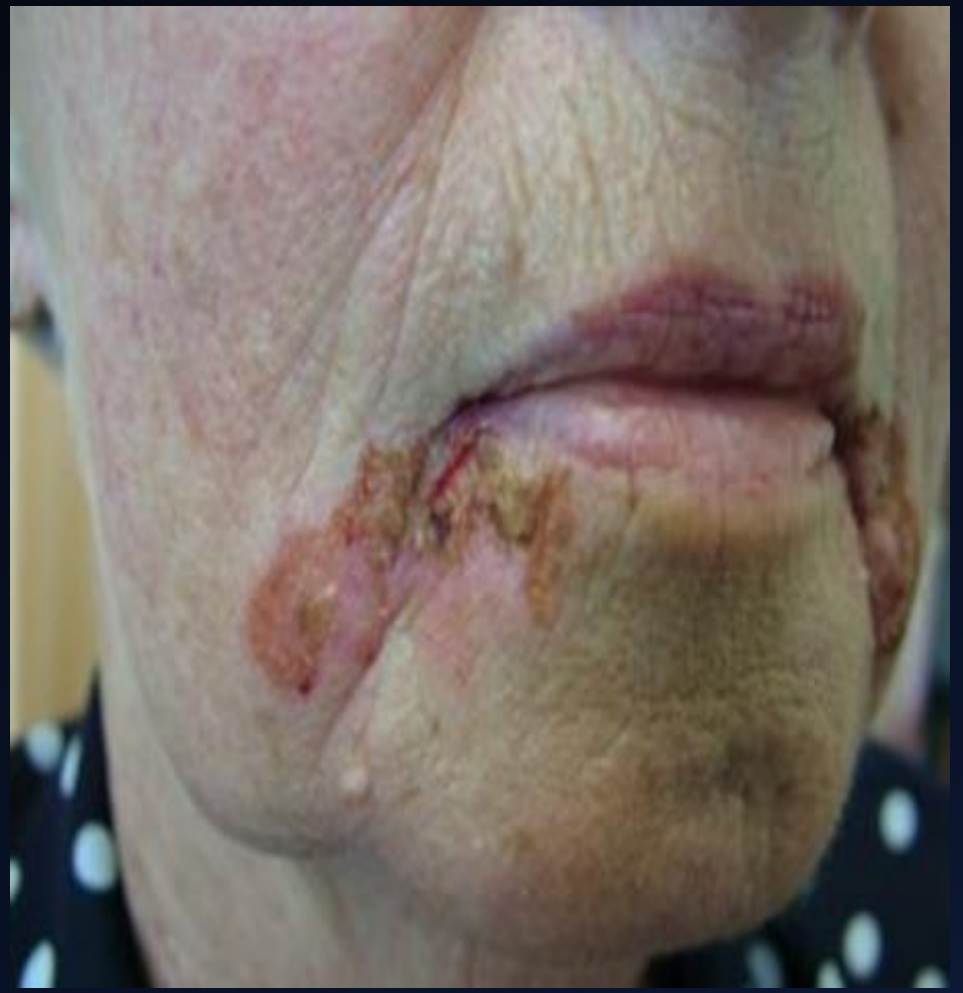


Other photos









Diagnosis

- Intertrigo with candida

Treatment

- Predisposing factors should be addressed primarily, such as weight loss, blood glucose control and avoidance of tight clothing and breathable garments
- Patients should be advised to maintain cool and moisture-free skin.
- Topical antifungal agents such as clotrimazole cream are recommended as first-line pharmacological treatments.
- Severe, generalised and/or refractory cases may require oral antifungal treatments such as fluconazole or itraconazole

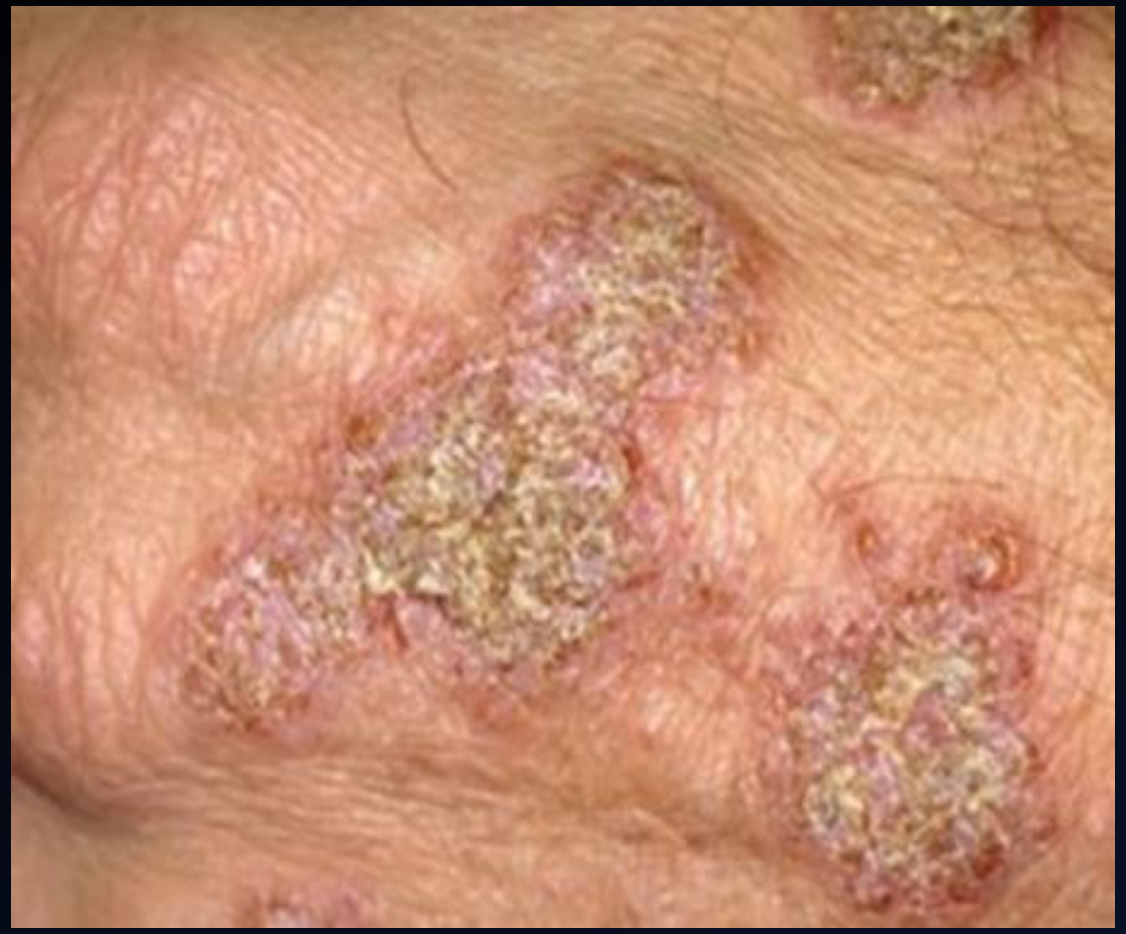
Bob

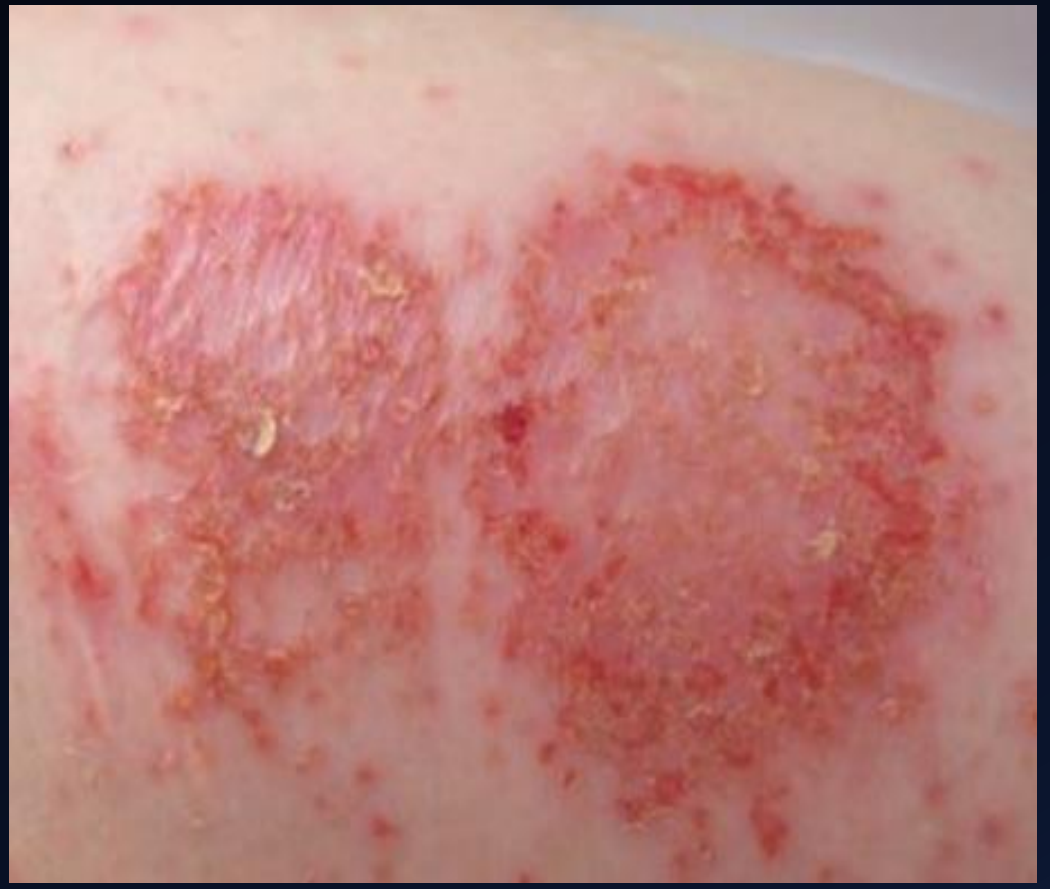
- Bob is a 66 year old retired banker
- hypertension
- he mentions that he has had a very itchy rash on his legs for the last three weeks.
- It is winter.
- The itch has been disturbing his sleep.
- He has no history of any skin conditions.
- He has tried using a moisturiser and topical corticosteroid (1% hydrocortisone) cream that he bought from the chemist, but these have not helped.

On examination

- Symmetry - This is a bilateral, but not symmetrical, rash
- The rash affects similar areas, although the skin lesions differ
- Distribution - On Bob's legs, particularly his lower legs
- Morphology - Well demarcated patches and plaques, ranging from 1 cm to 3 cm in size
- The surface of the skin appears dry, cracked, and scratched
- Patterns and configuration Circular, coin shaped lesions
- The skin between the lesions is largely normal but dry in places
- Colour Red/pink

Photos





Diagnosis

- Discoid eczema

Treatment

- Medium to high strength corticosteroid cream for 2-4 weeks
- Tar wash and topical preparations
- Emollients
- Oral antibiotics for staph infections - these can be long term

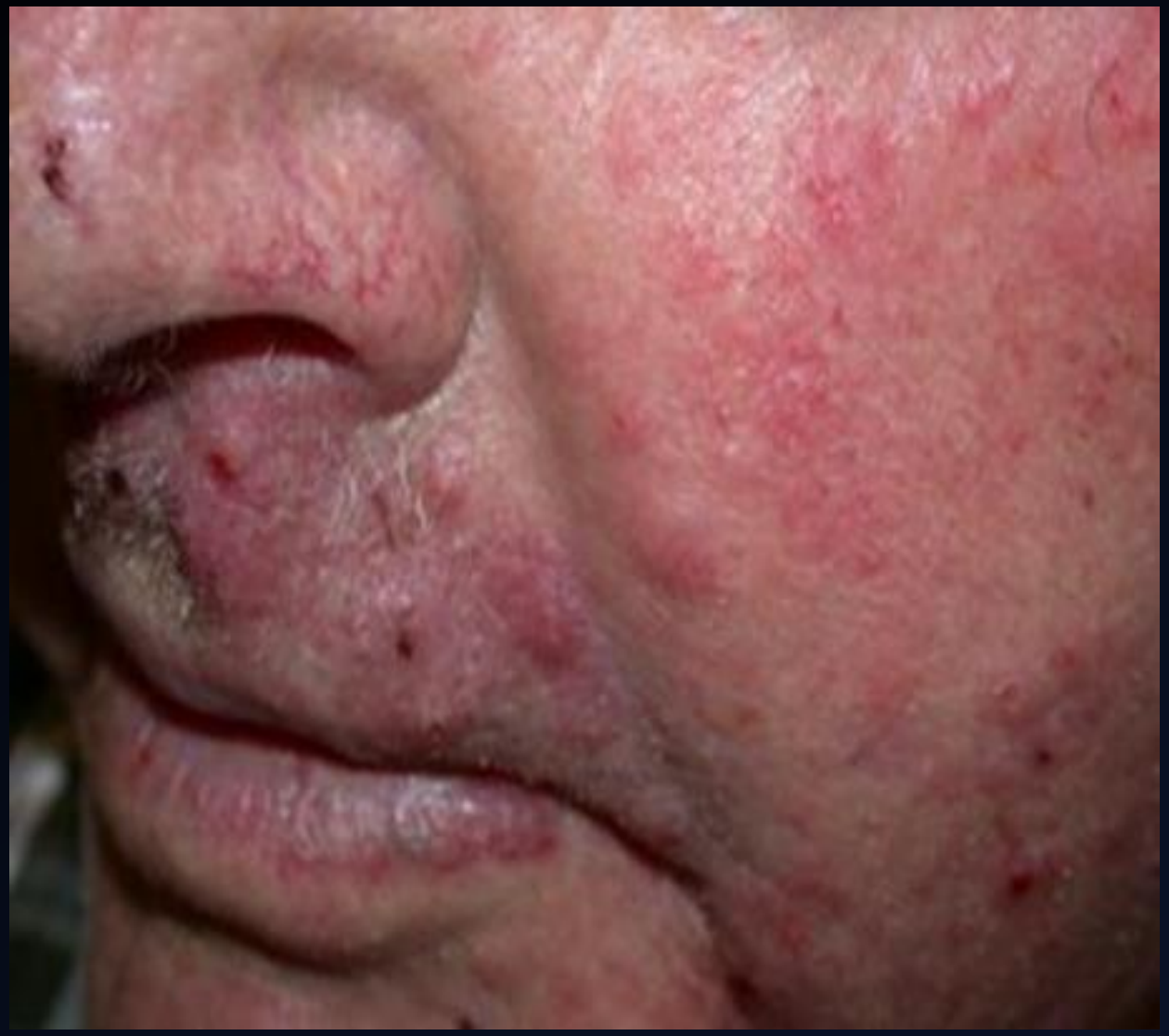
Rosalind

- Age 68
- Stablehand
- She has had an intensely itchy one-sided facial rash
- Has been treated by on call medical centre for shingles
- The rash has been getting worse: it is spreading.

On examination

- Symmetry This is an asymmetrical rash
- Distribution Affecting just the left side of Rosalind's face
- Morphology Pustules present; more to the periphery
- Patterns and configuration A very well defined plaque with a distinctive edge Some central clearing
- Colour Purple/red

Not Rosalind



Diagnosis

- Tinea incognito on the face

Treatment

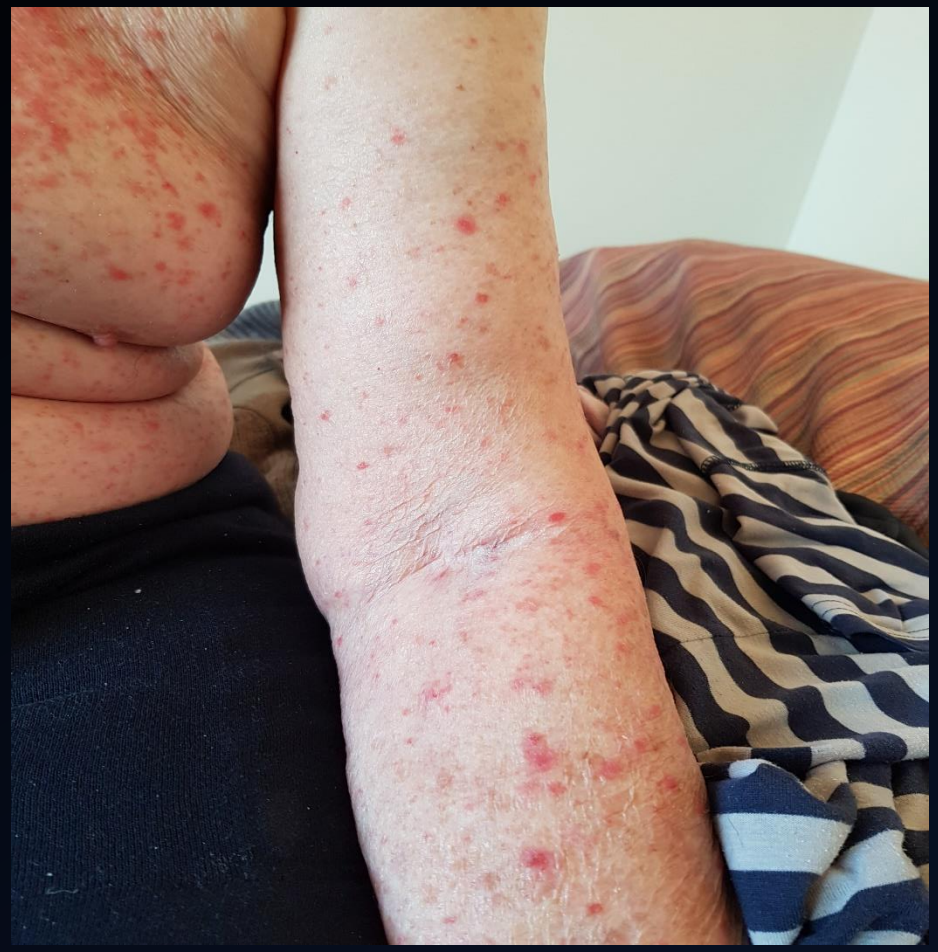
- Tinea refers to a skin infection with a dermatophyte (ringworm) fungus. Tinea incognito occurs when the fungal infection is treated inappropriately, usually with topical or oral corticosteroids, suppressing the body's immunity to the fungus and allowing it to grow unchecked
- Oral terbinafine
- Topical antifungal for at least a week after symptoms disappear

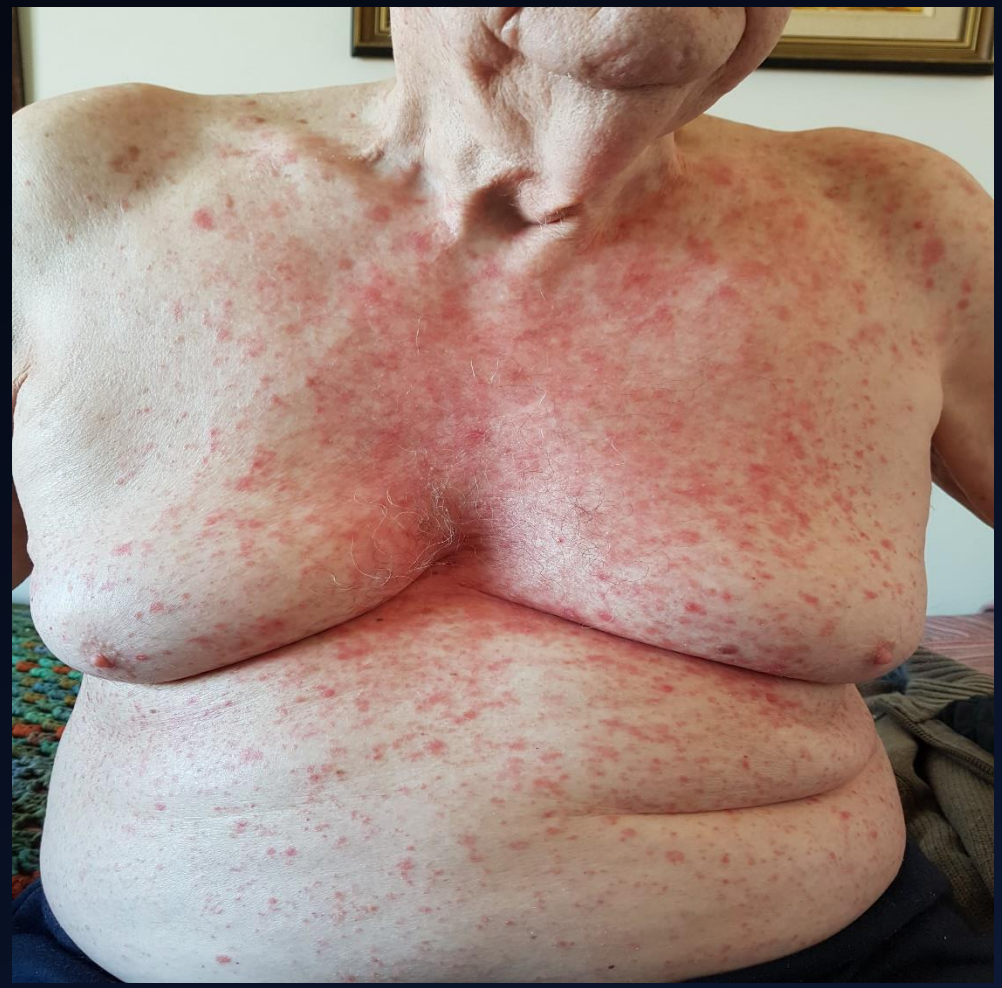
Milly

- Aged 70
- Home maker
- Infected wound on lower leg
- has a very itchy rash that has developed over the last 48 hours.
- The lesions had started faint in colour and have become redder over time.
- You look at her notes: she was seen10 days ago and prescribed a seven day course of flucloxacillin.

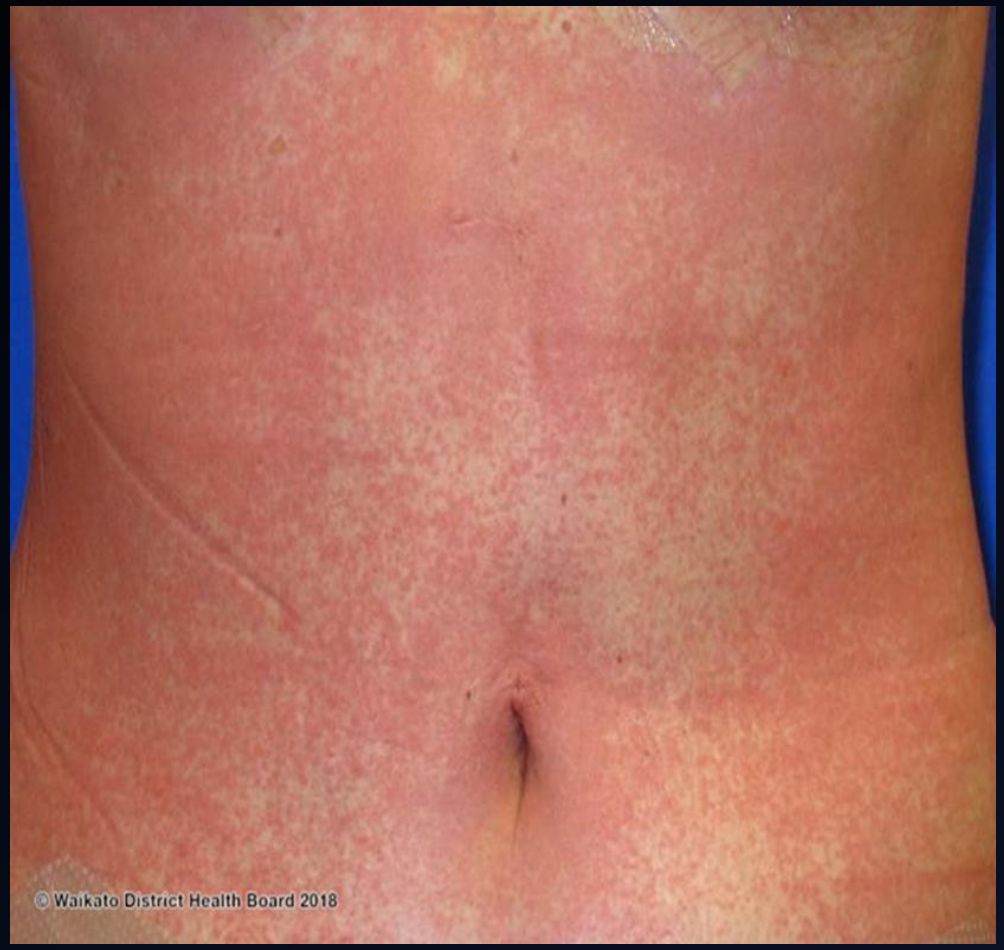
- Symmetry - This is a symmetrical rash
- Distribution - All over; worse on Milly's trunk, which is where it started Mucous membranes spared
- Morphology - Mainly macules with a few papules, from 2 mm to 10 mm in size Measles-like
- Patterns and configuration - Confluent in places
- Colour Bright red

Wally but like Milly





Younger person



Diagnosis

- cutaneous drug reaction

Treatment

- stop the causative drug: the rash will continue to get worse for several days
- Antihistamine
- Anti itch cream
- Rest
- Fluids

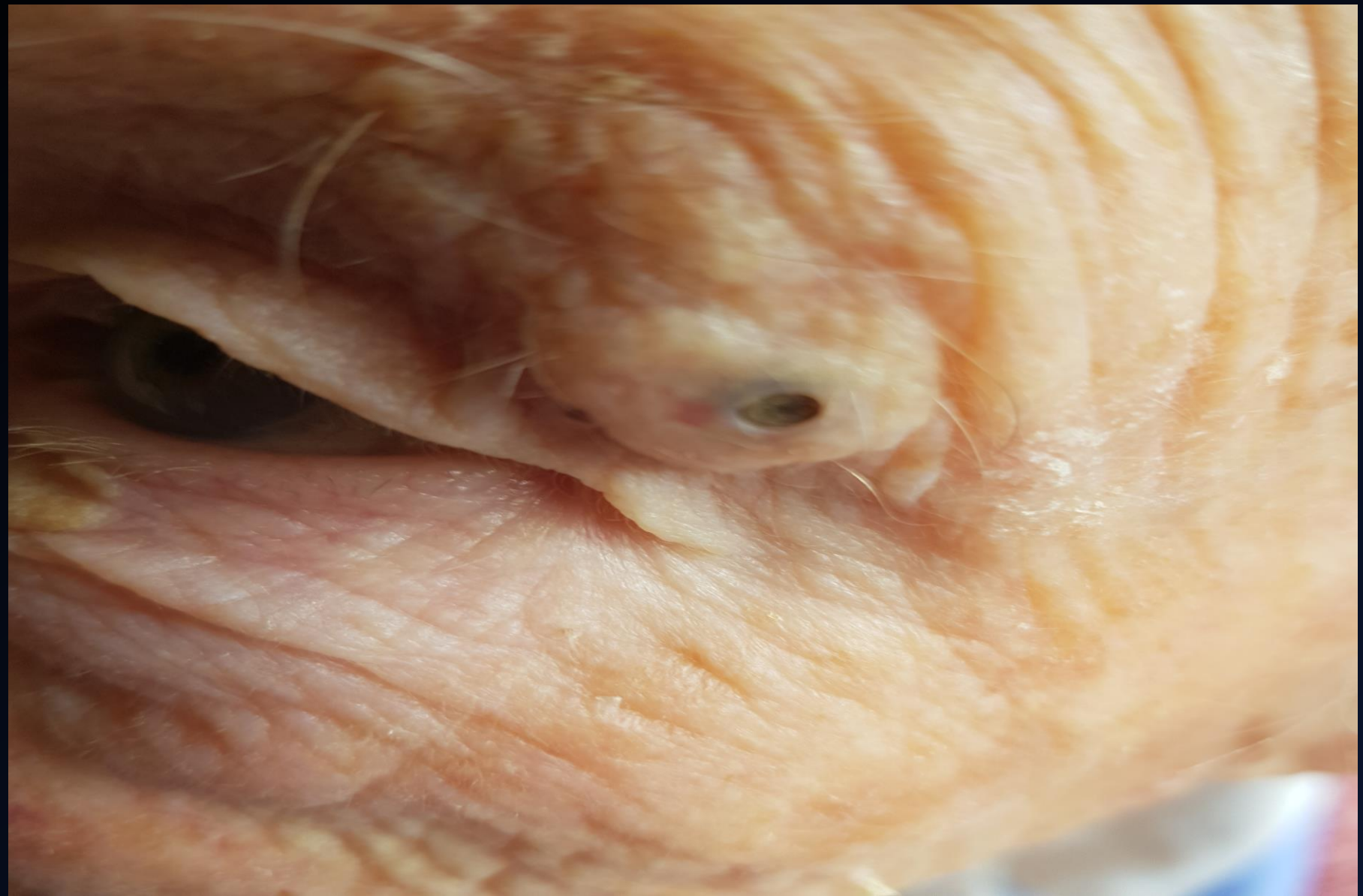
Growths


DERMATOLOGY
CARTOONSTOCK
.com
Search ID: rde3348
" I wish you would have come to see me sooner . . "

Emily

- 99 years and 9 months
- Wants to look good for her birthday

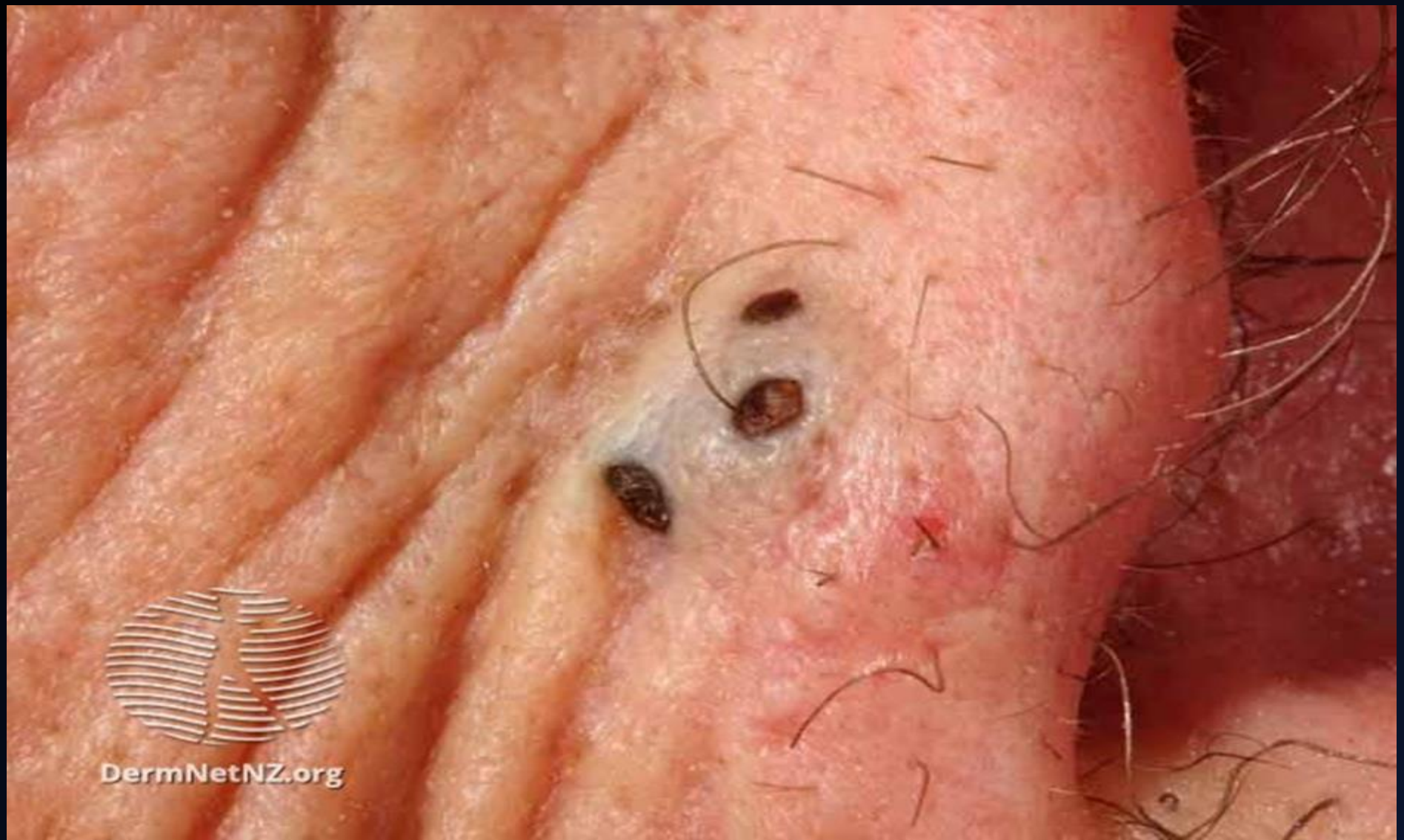
What is it



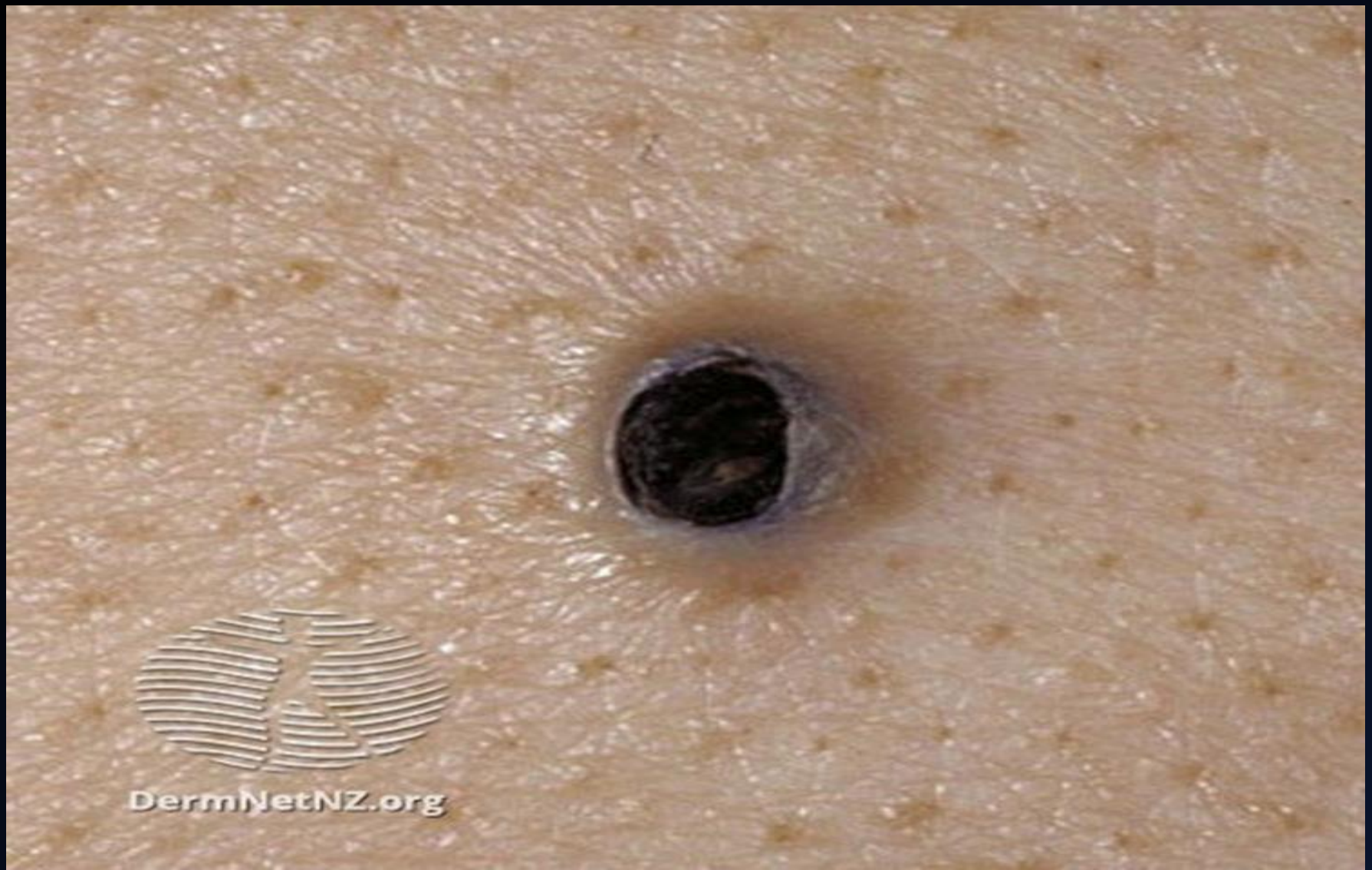
diagnosis

- Blackhead
- Solar comedones

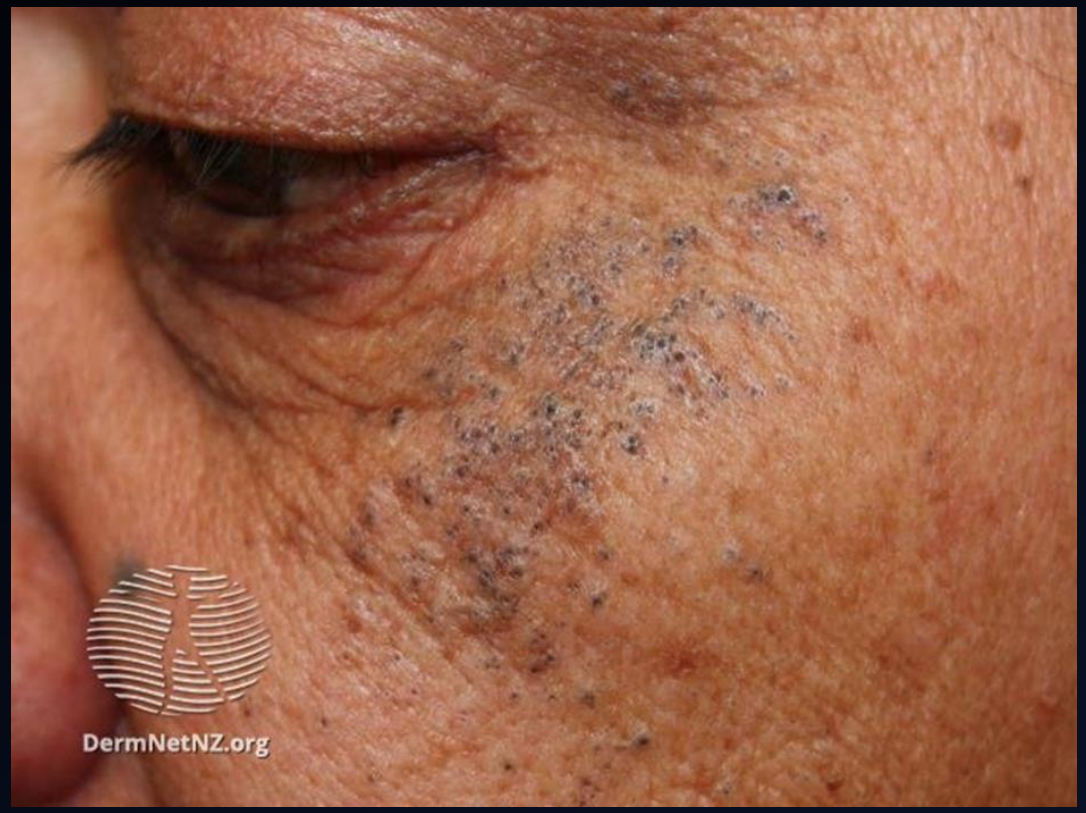
Multiple



Another one - singular



Common in the elderly



- Personal/ self esteem image issues
- Eye sight issues

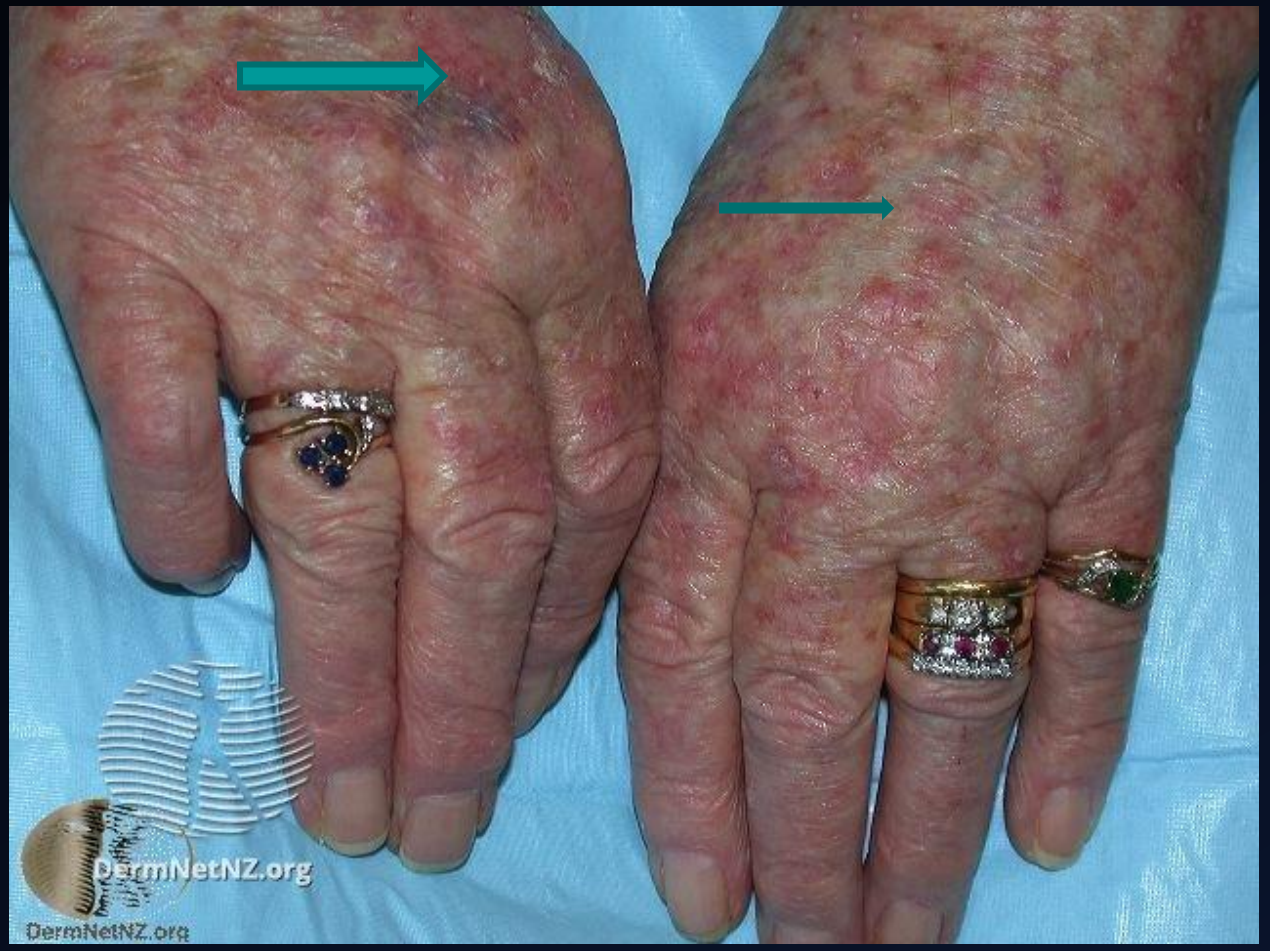
Treatment

- Removal – if this is what the patient wants
- Leave it alone -but will grow
- If left for along time they dry out and get hard to remove

Rachel

- Aged 90 years
- Fair skin
- Was a sun seeker
- White or yellow scales
- Skin coloured

photo



Diagnosis

- Actinic keratosis

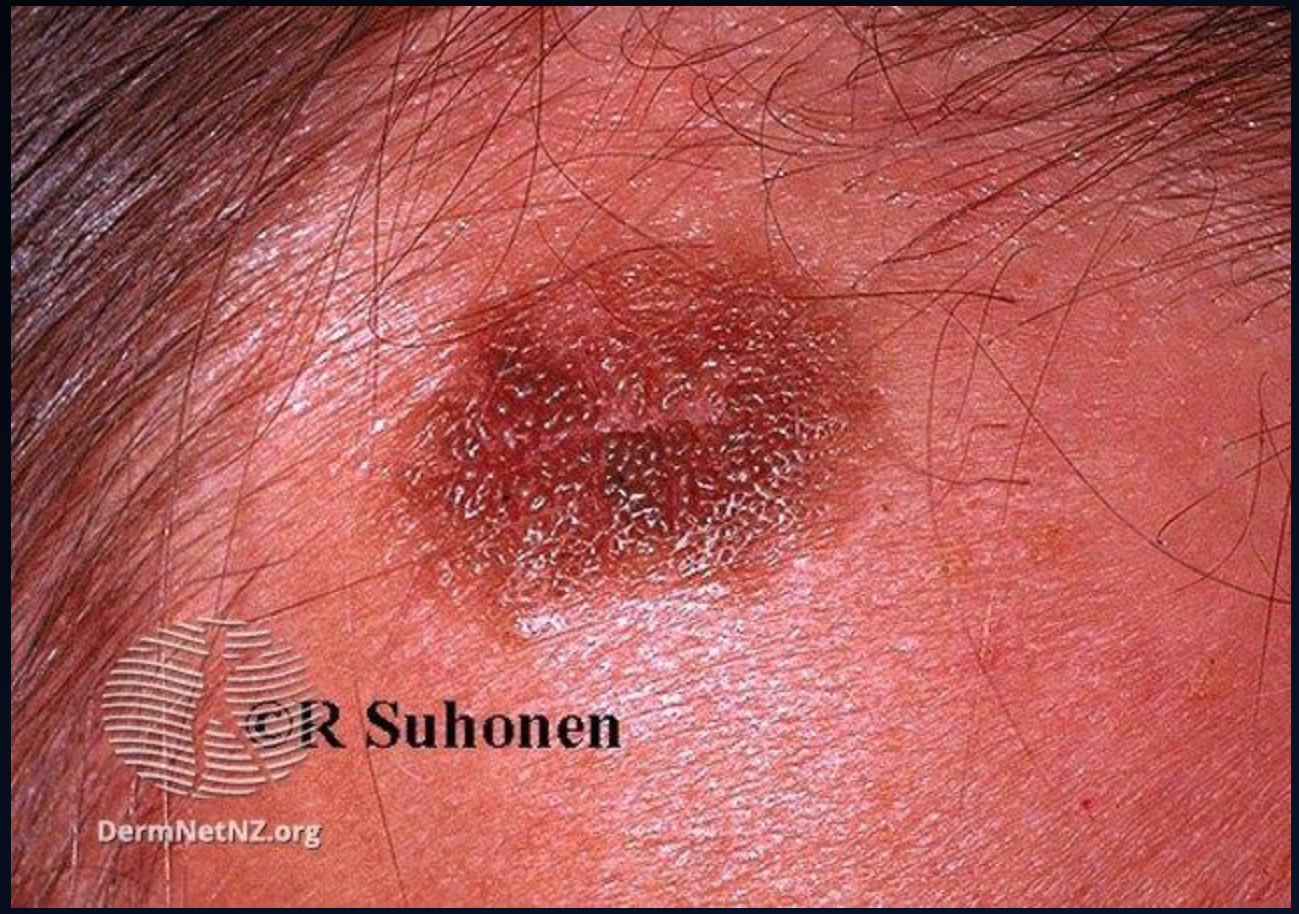
treatment

- Cryotherapy
- Excision
- Diclofenac gel
- Efudix cream
- Imiquimod cream

Chris

- Aged 69
- Local council worker
- Overweight
- Grouped on scalp
- Raised papule
- Waxy in appearance

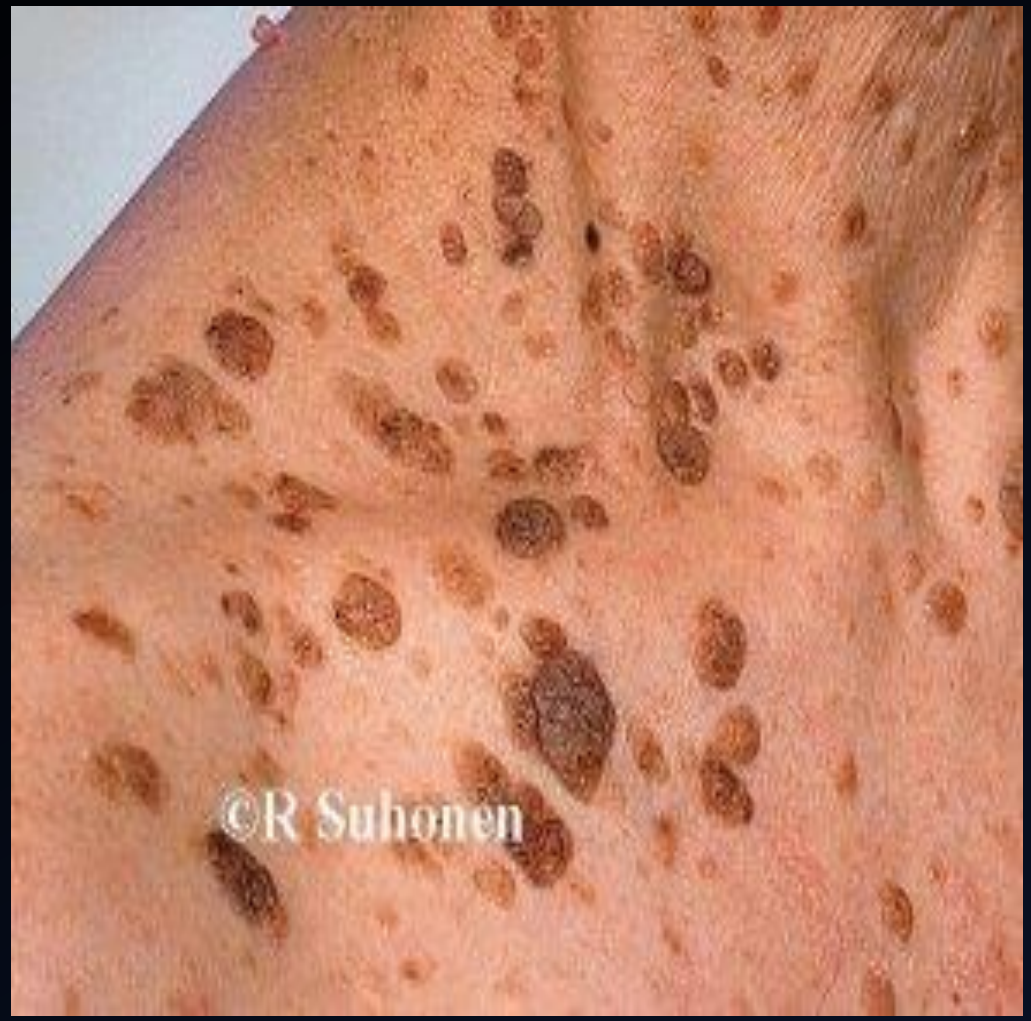
Not Chris but similar

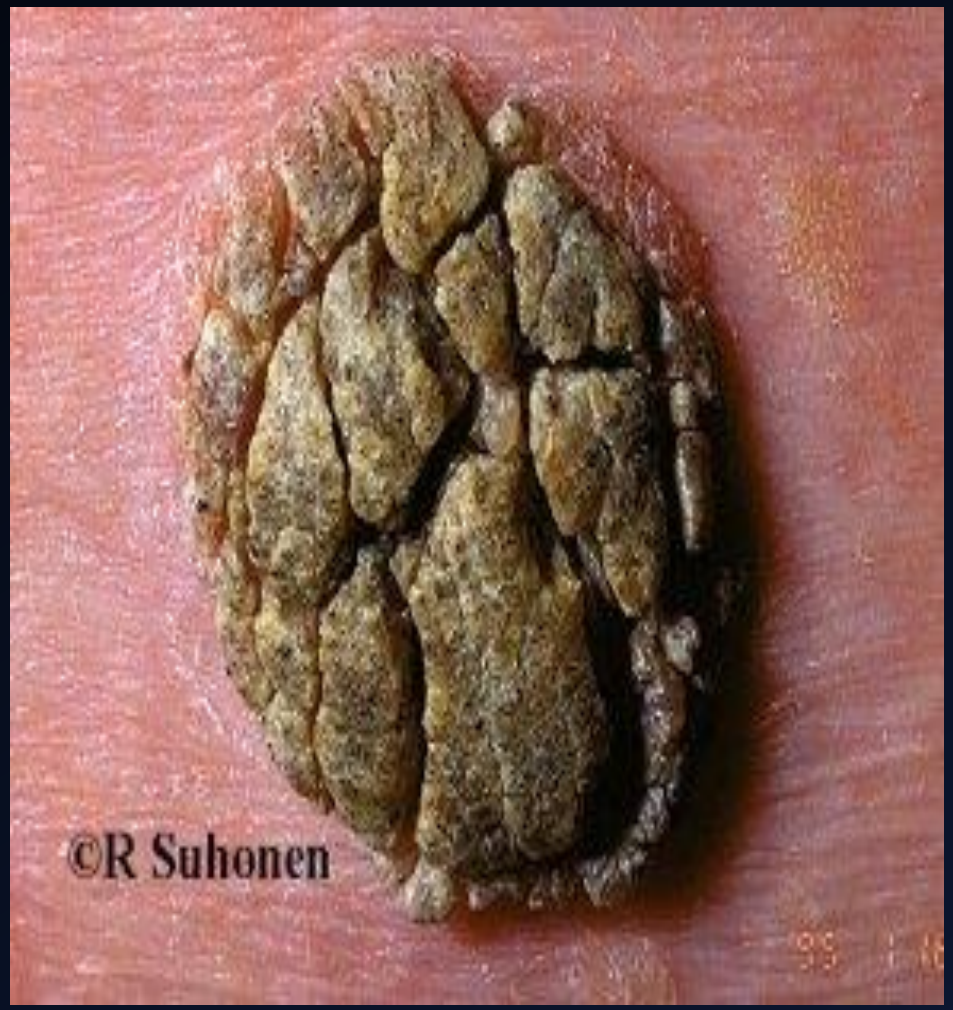


Diagnosis

- Seborrhoeic keratosis

Other photos





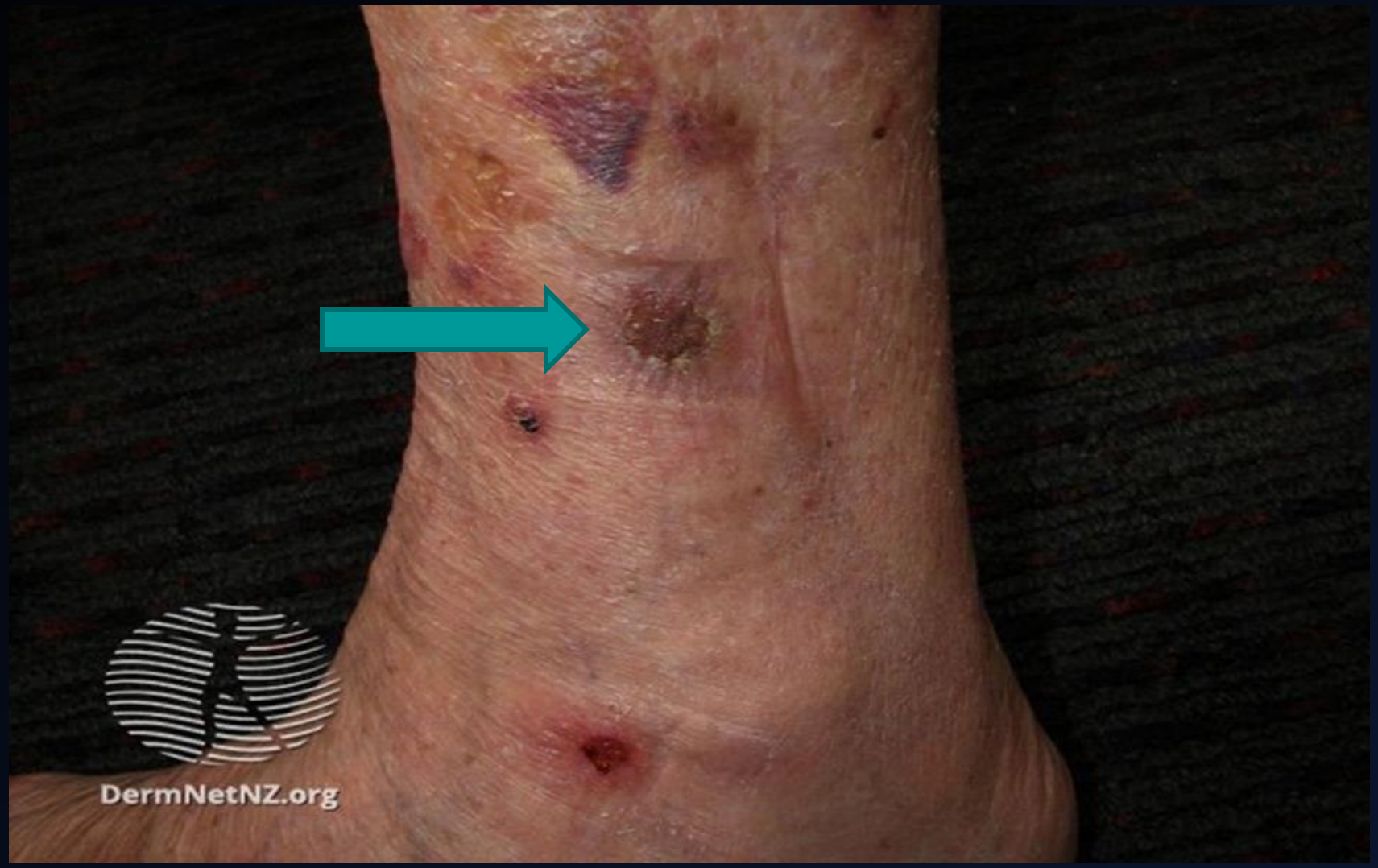
Treatment

- Cryotherapy
- Shave with scalpel
- Laser ablation
- Focused chemical peel
- Can spontaneously disappear

Pam

- Aged 85 years
- Non healing skin tear lower right leg -3 months
- Calf area
- Good peripheral flow
- Pedal pulses
- Punch biopsy to histology

Not Pam but similar



Diagnosis

- Basal cell carcinoma
- The skin tear occurred over a developing BCC

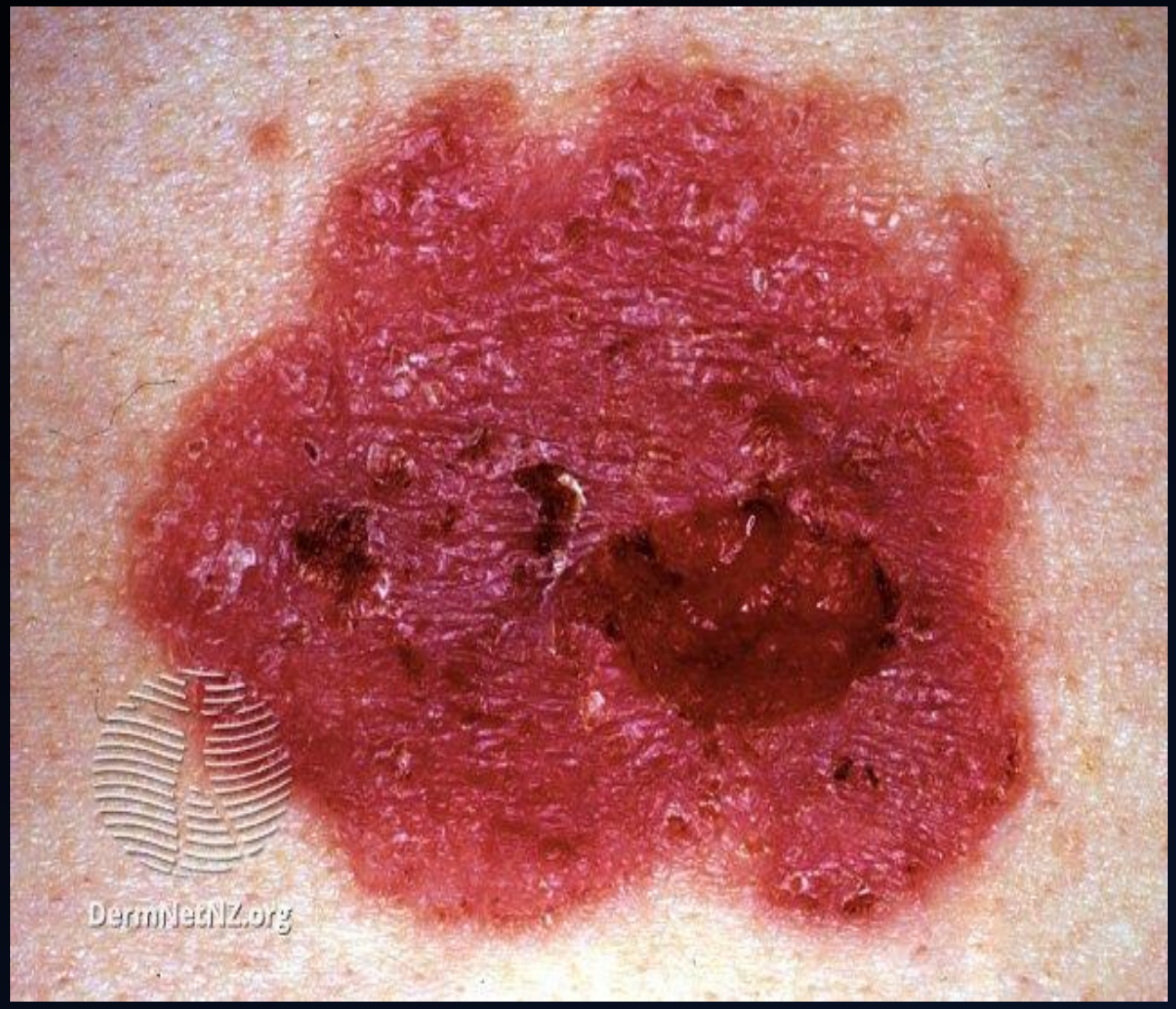
Treatment

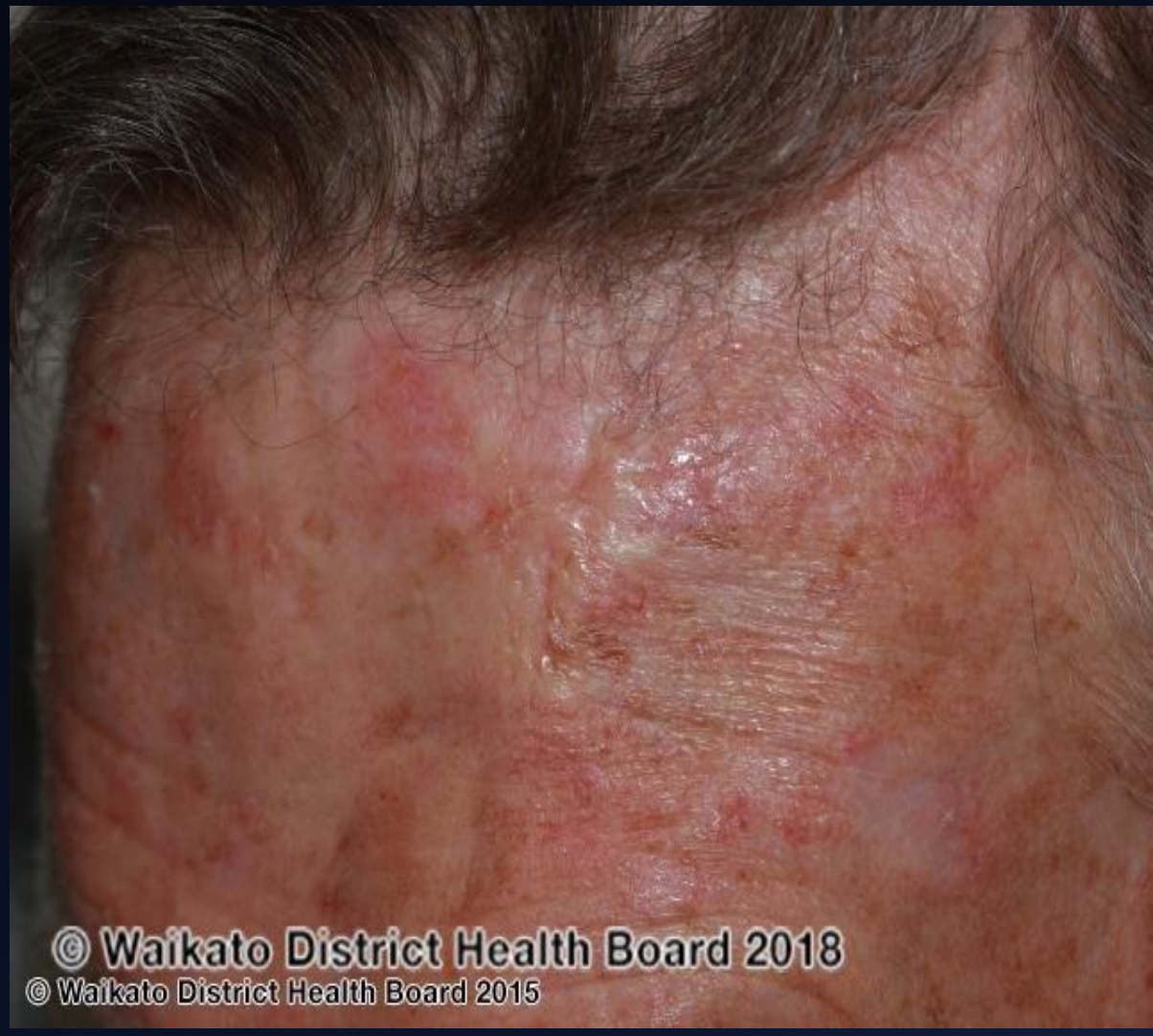
- Removal
- Cryotherapy
- Photodynamic therapy
- Efudix cream
- Imiqumod Cream
- Radiotherapy

Types

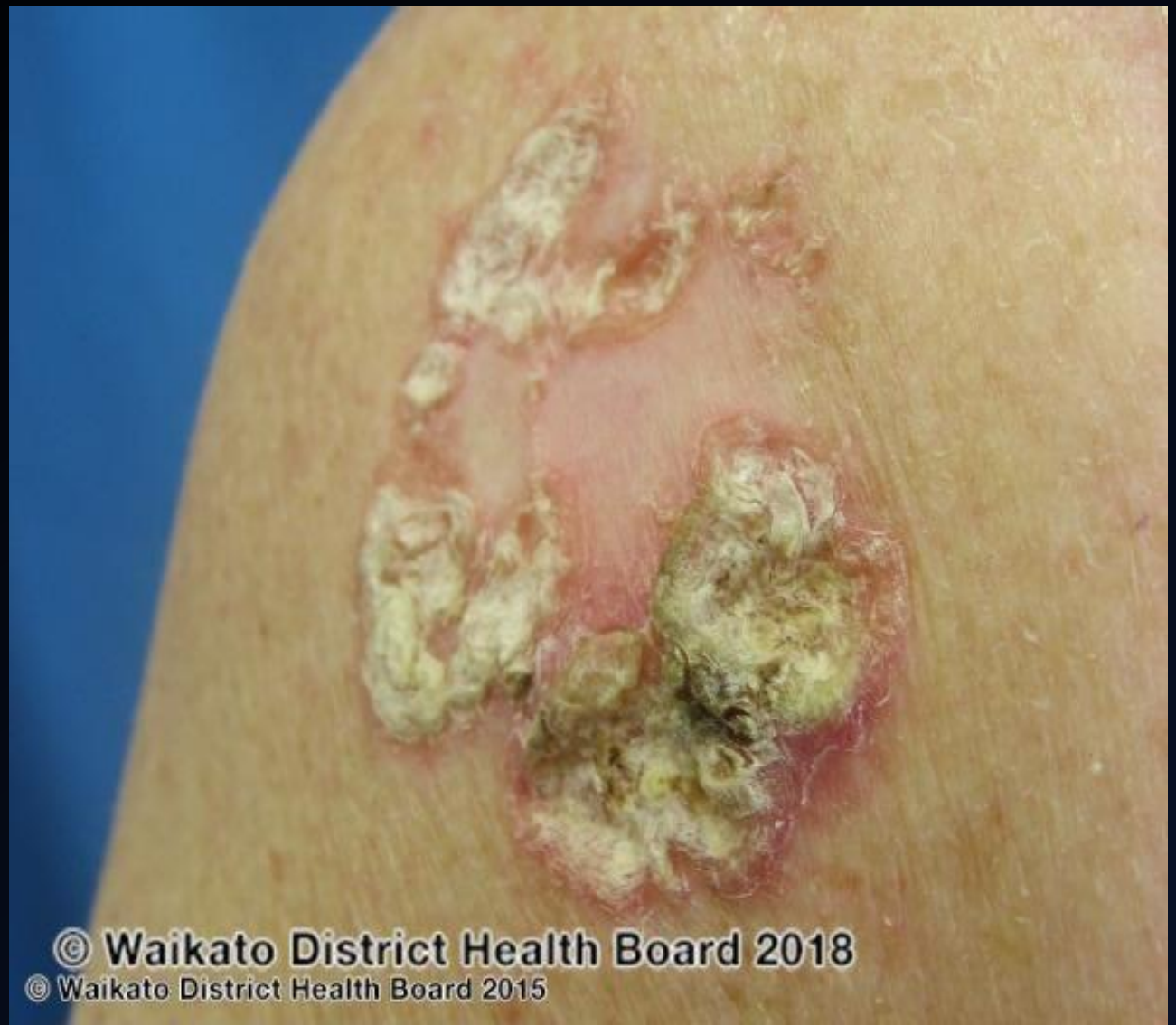
- Nodular – most common facial Shiny pearl coloured nodular
- Superficial – usually younger people , scaly irregular on shoulder or back – thin with rolled edge
- Morphoeic – sclerosing usually on face waxy type plaque – wide and deep and infiltrates nerves
- Basisquamous – mixed usually BCC and SCC – infiltrate and more aggressive form
- Pigmented – can be any of the above but is coloured and usually seen in darker skin tones
- Fibroepithelial tumour of pinkus – wart like plaques usually on the trunk

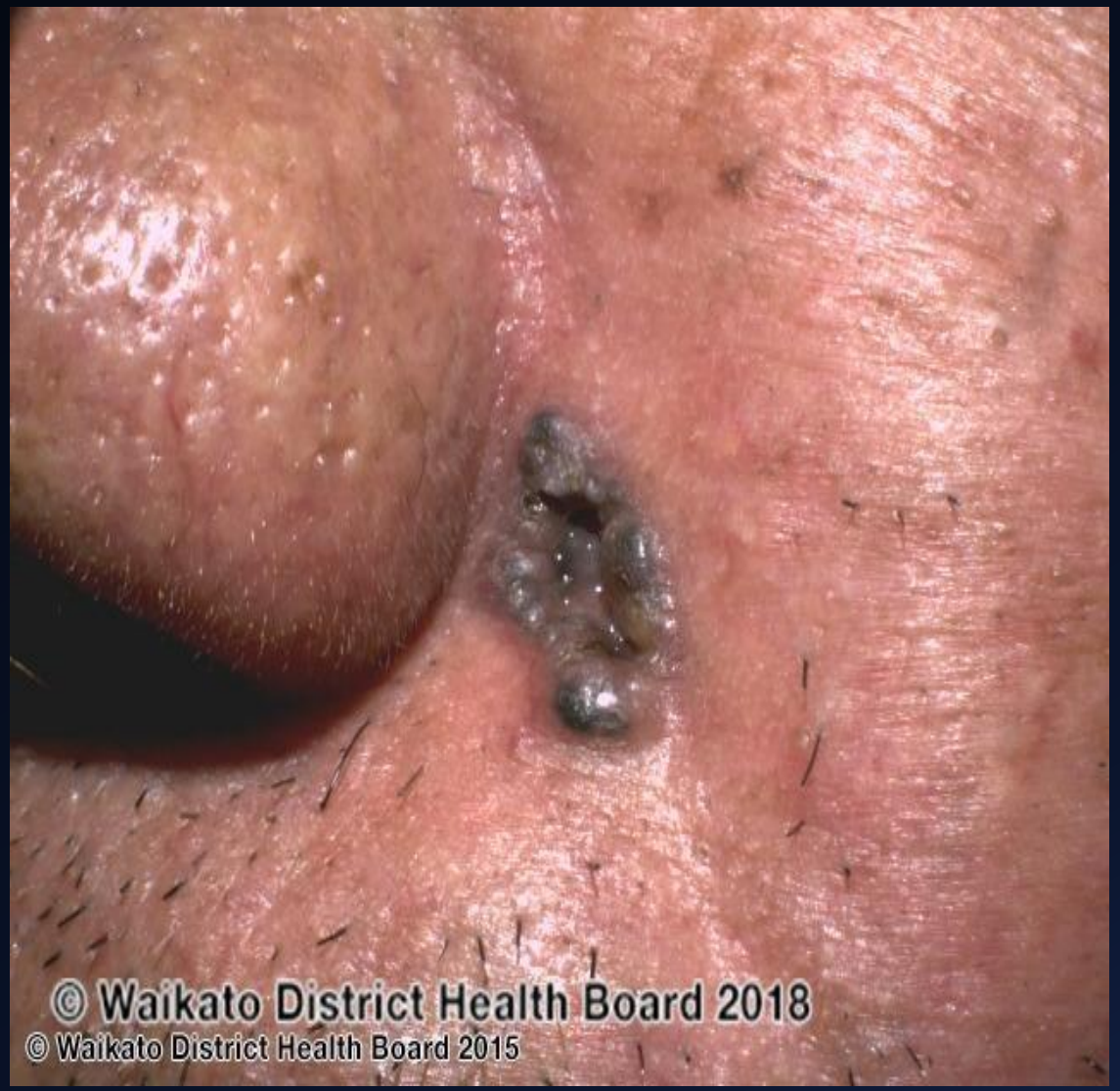
Superficial and morphoeic



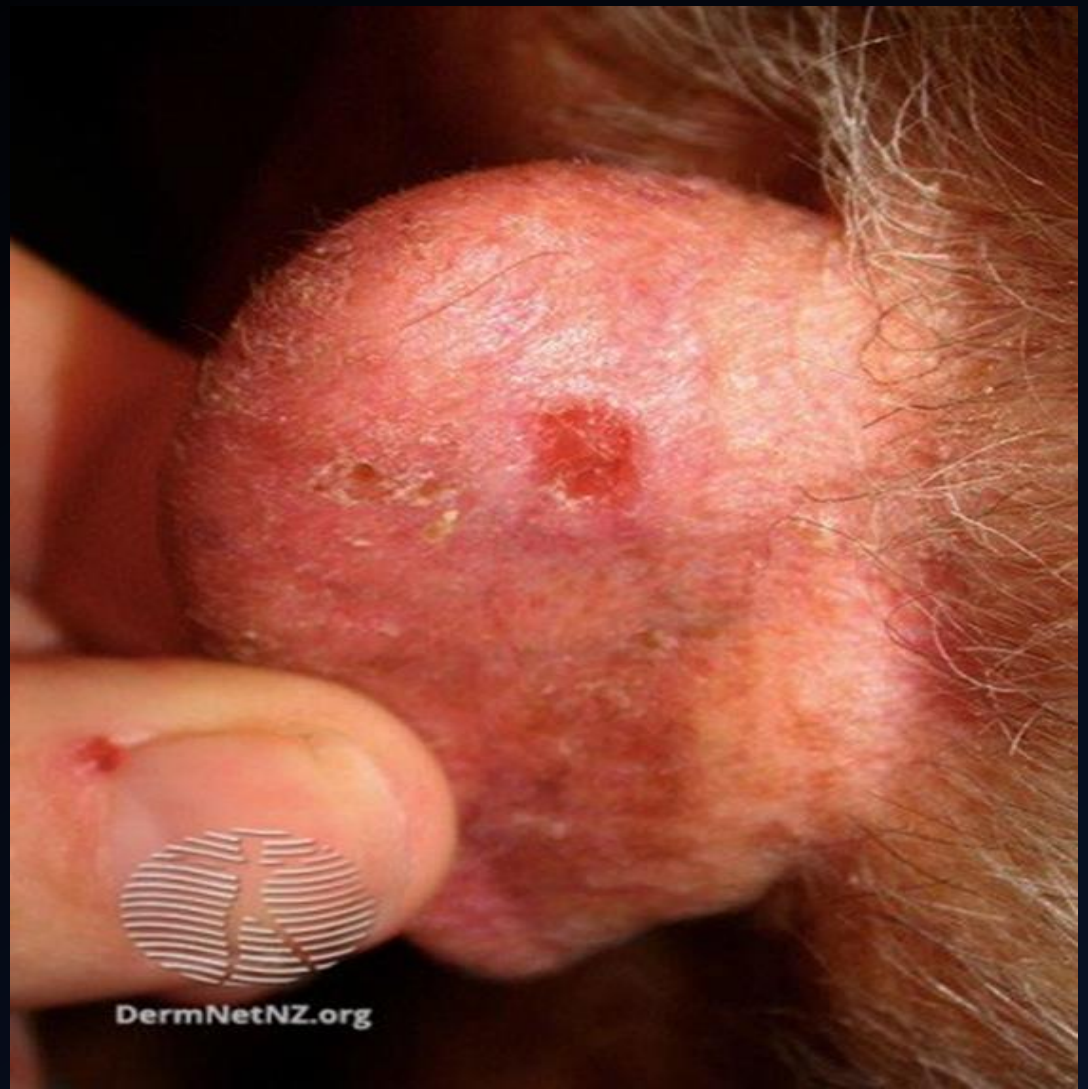


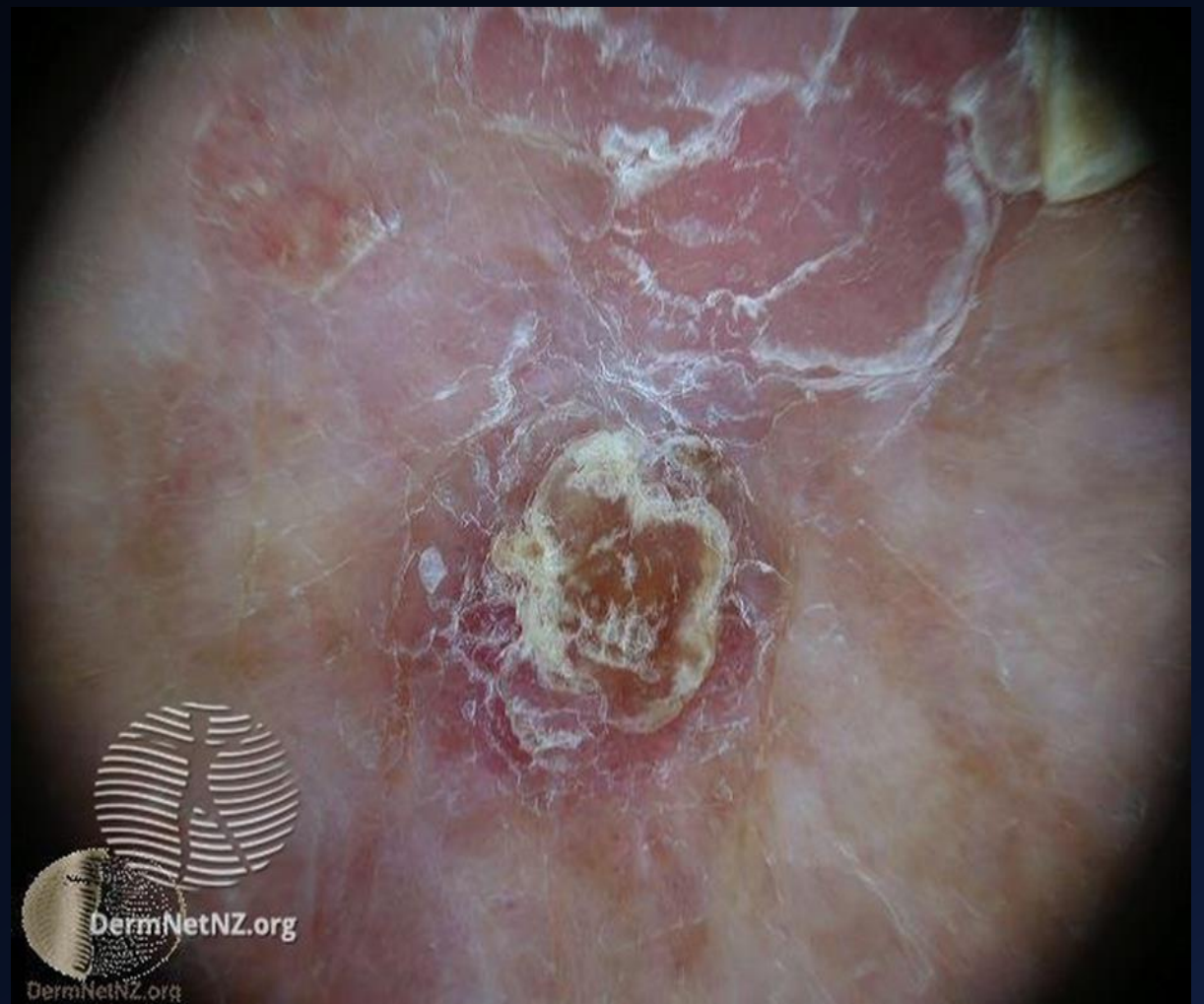
Bisisquamous and Pigmented





Ulcerated and Fibroepitheial tumour

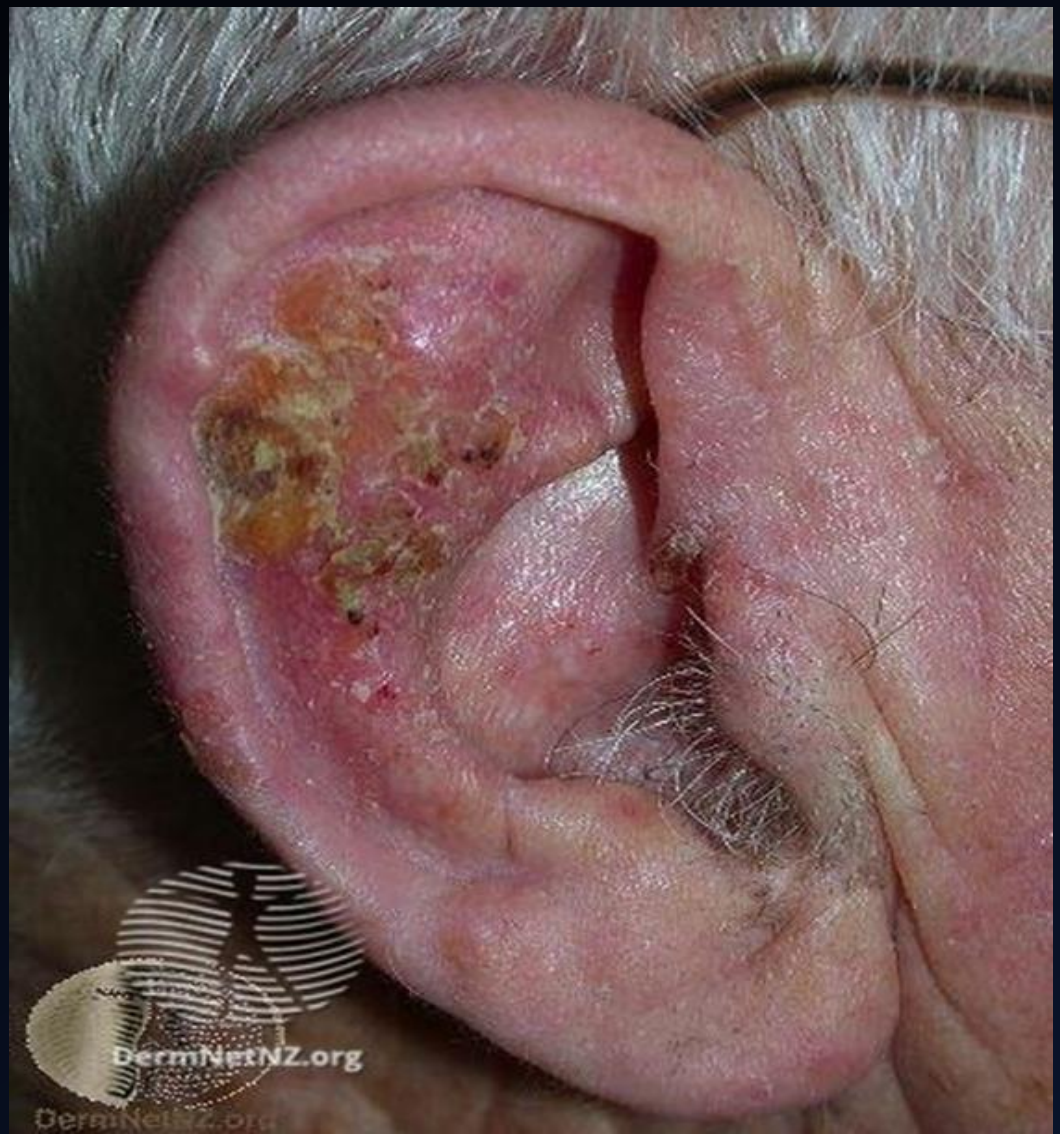




Len

- Aged 80
- Retired farmer
- Worked outdoors all his life
- Worried about growths on ears

Not Len but similar



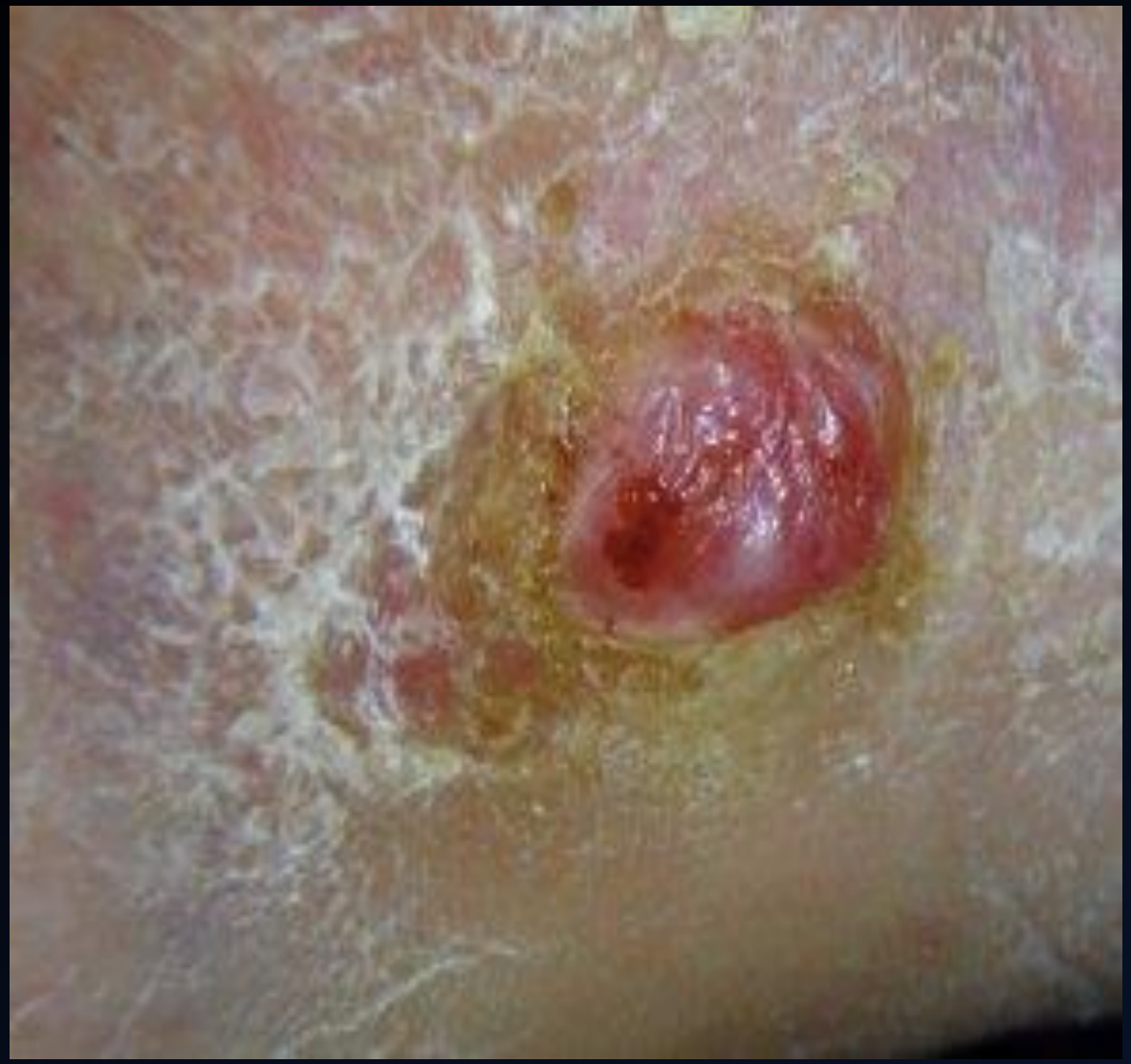
Diagnosis

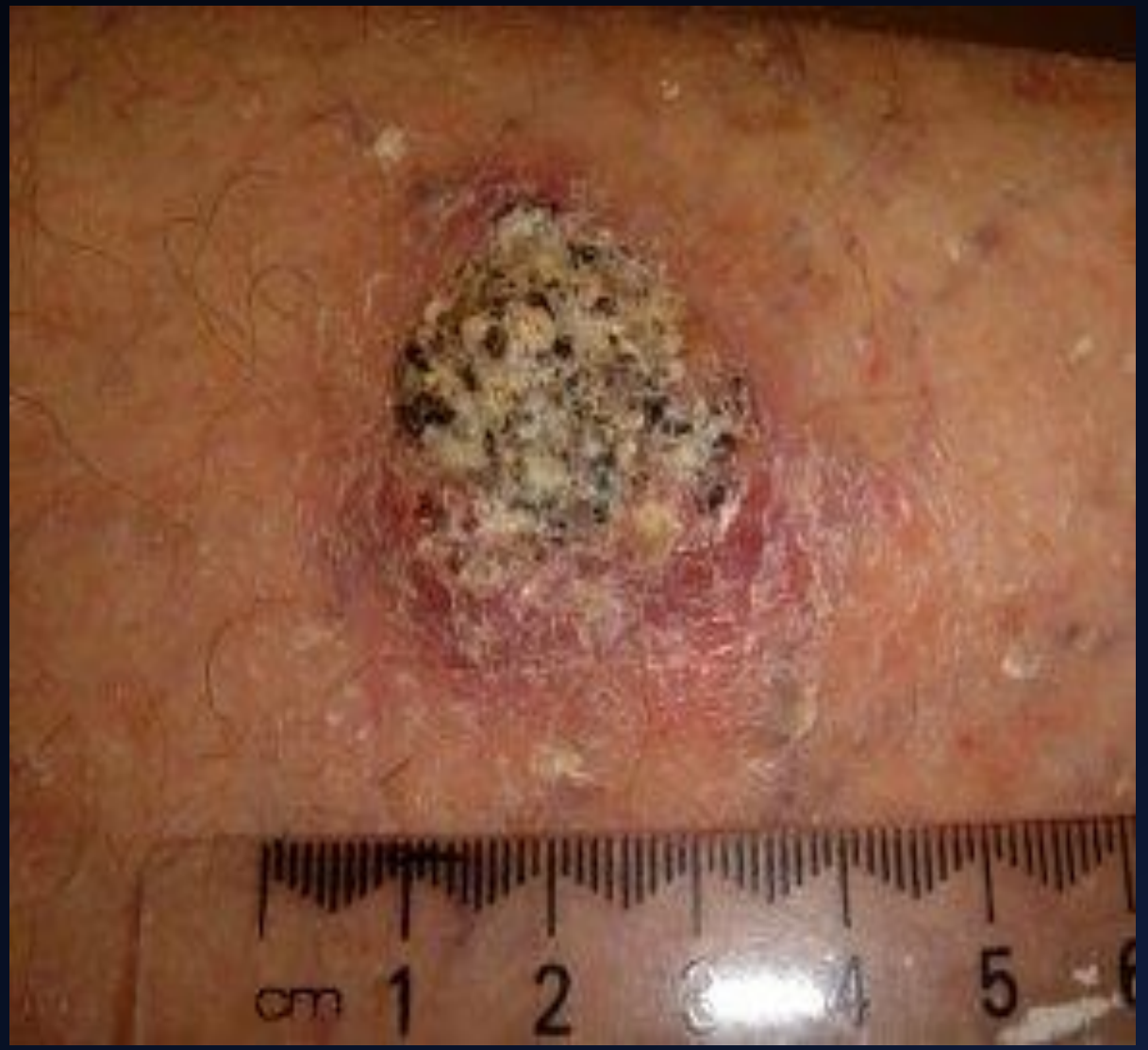
- SCC

Clinical risk factors of SCC

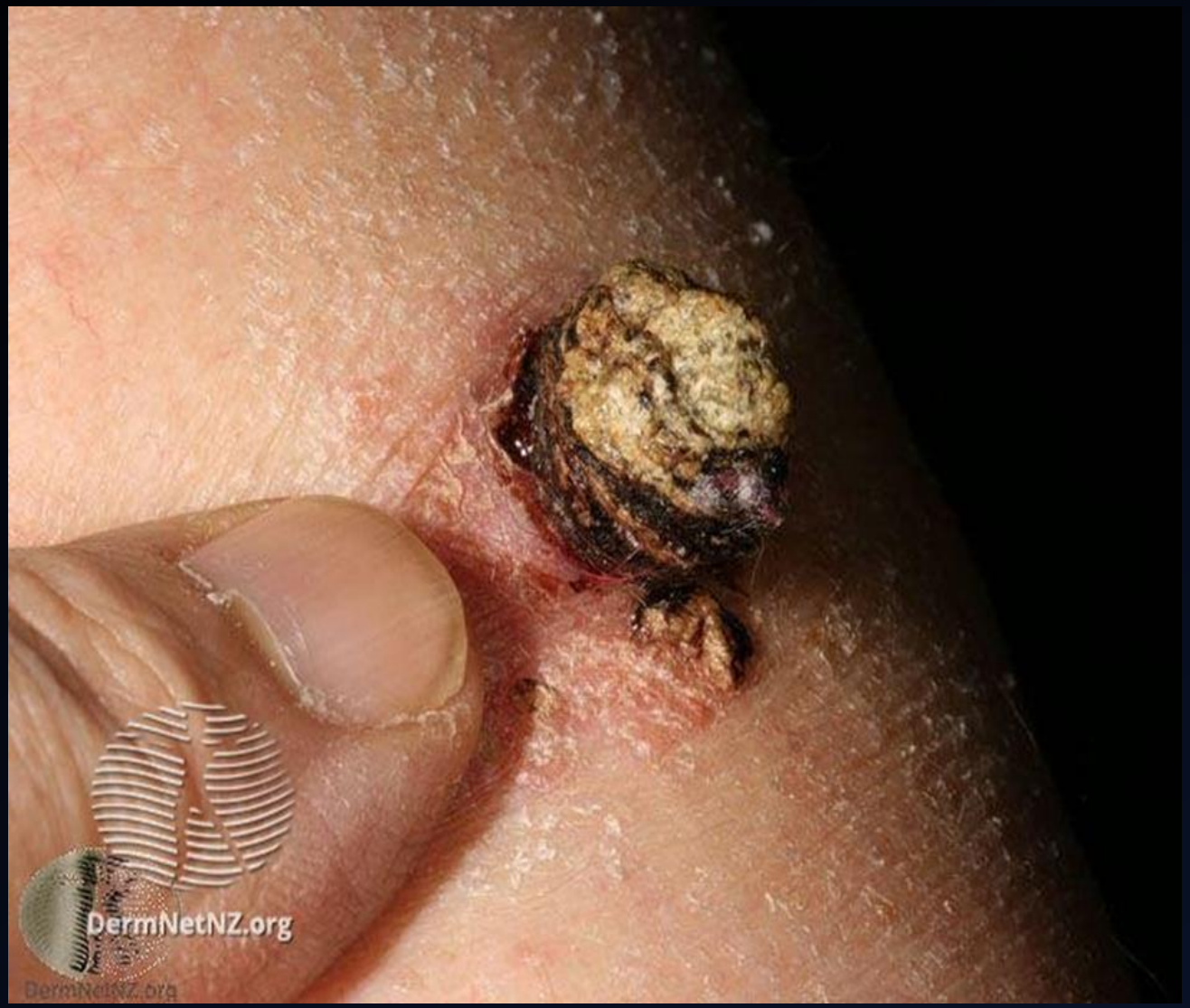
- Age
- Gender
- Sun exposure
- Smoking
- HPV infection
- People with immune suppressant disorders
- Medications

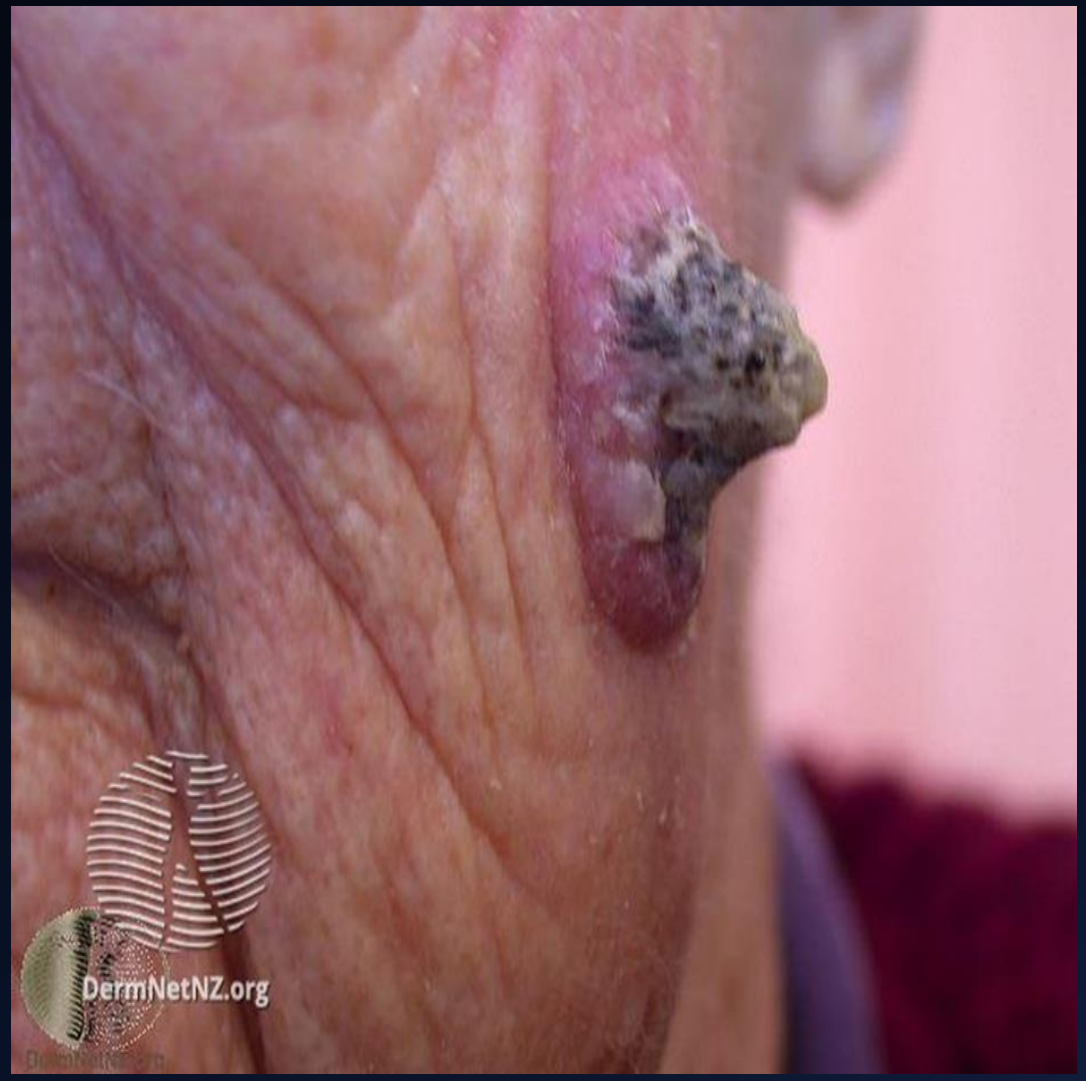
SCC





SCC





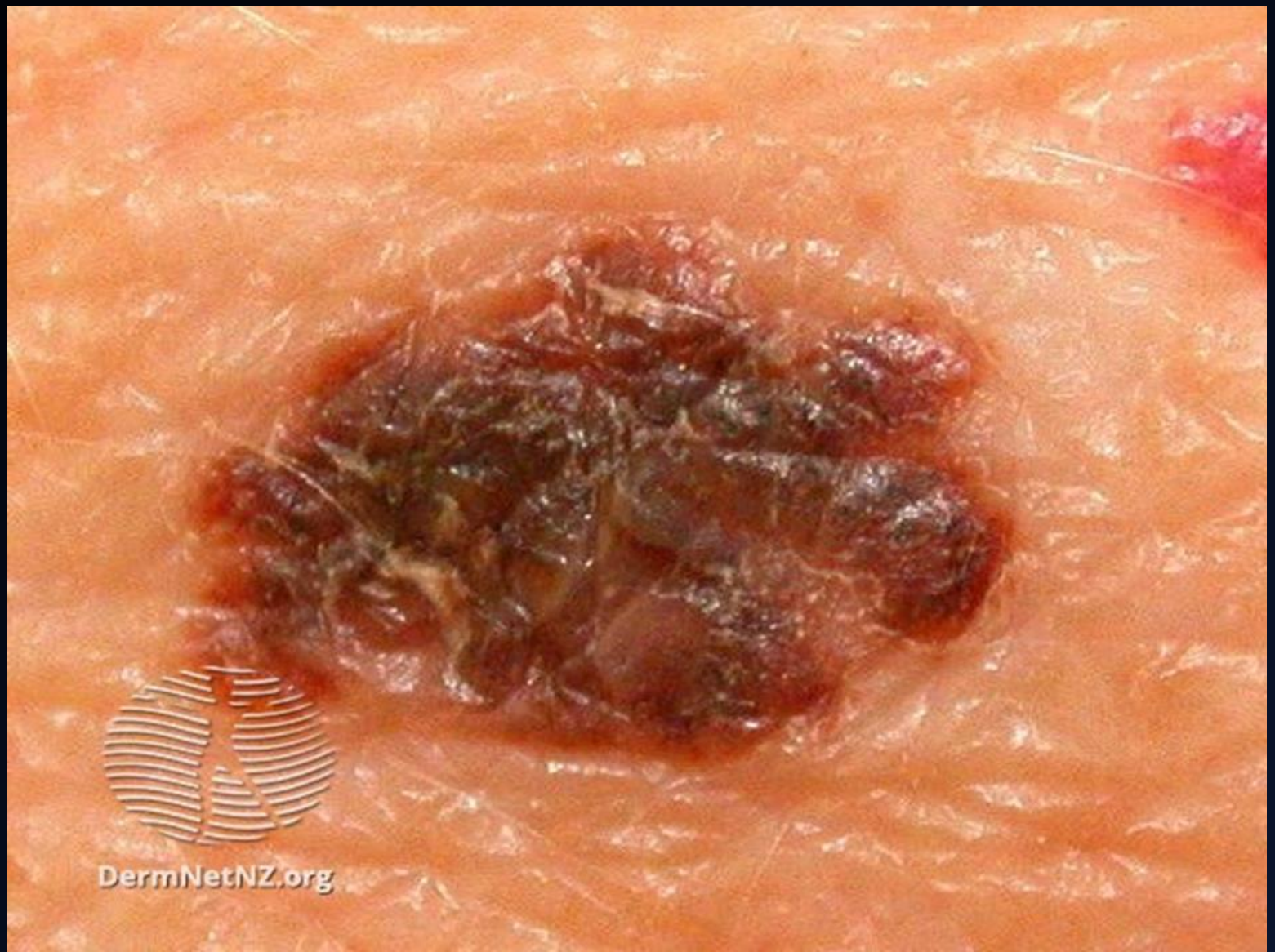
Colin

- Aged 88 years
- Retired farmer
- Has had both BCC and SCC
- White fair skin
- Strong family history (2 x 1st degree family members)
- Is a pigmented lesion

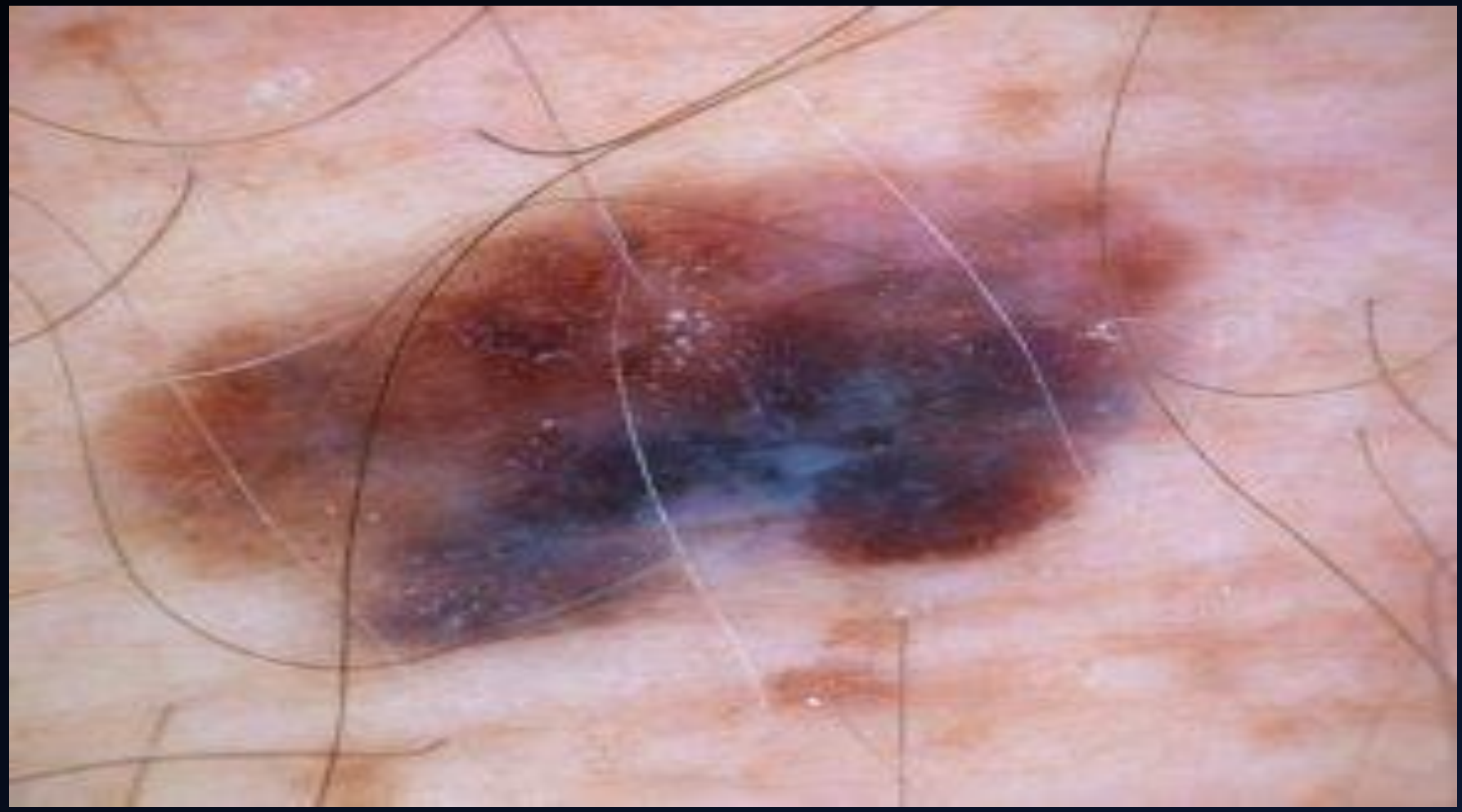
Chaos and clues

- Is it pigmented
- Is there chaos to the lesion
- Does it have one of the following
  - Grey or blue structures
  - Eccentric or structureless areas
  - Lines that are either straight or branched
  - Lines that radiate from centre
  - Have dots or clods on the peripheral
  - White lines
  - Polygon shapes
  - Polymorphous vessels

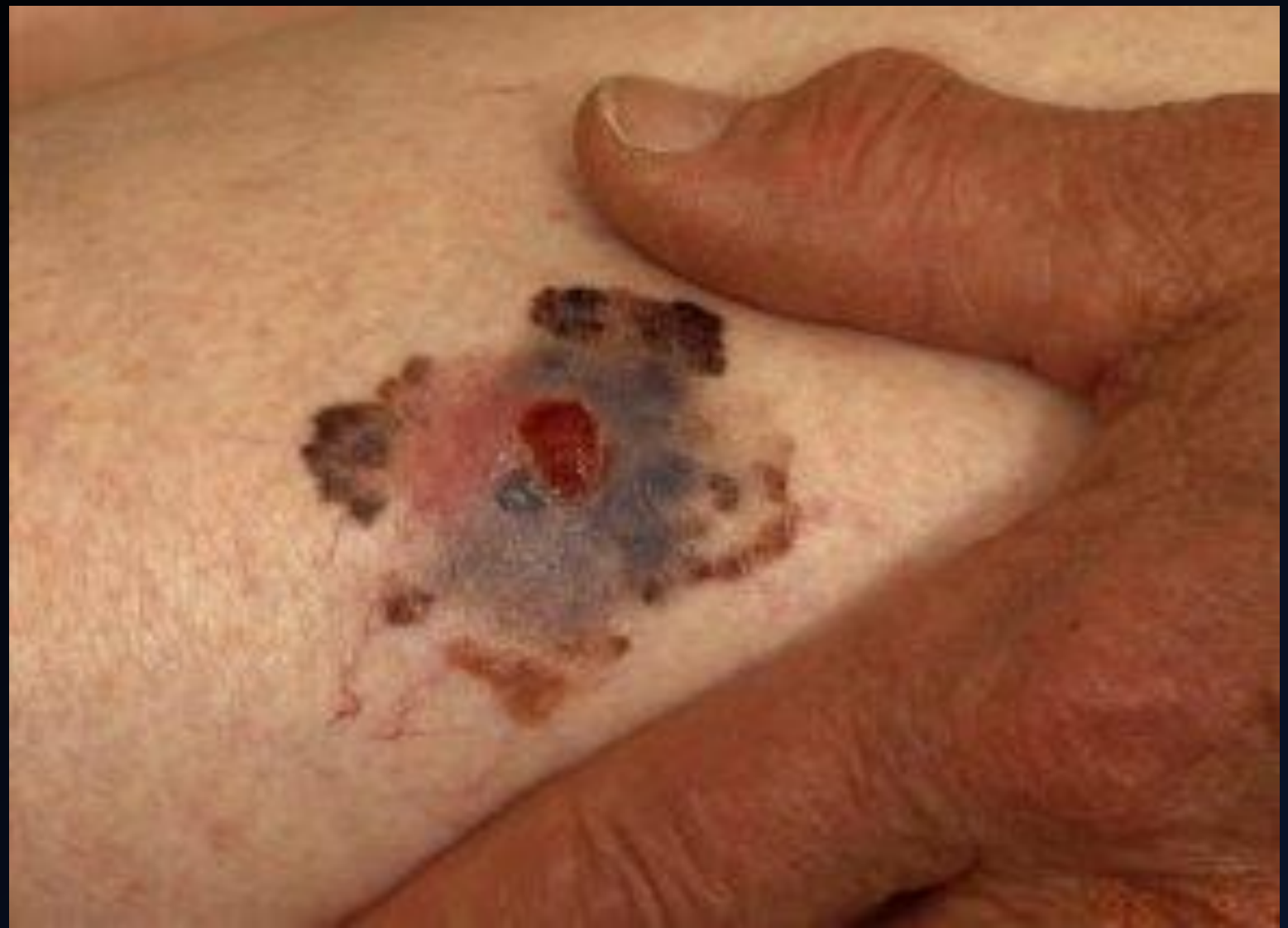
Melanoma (not Colin)



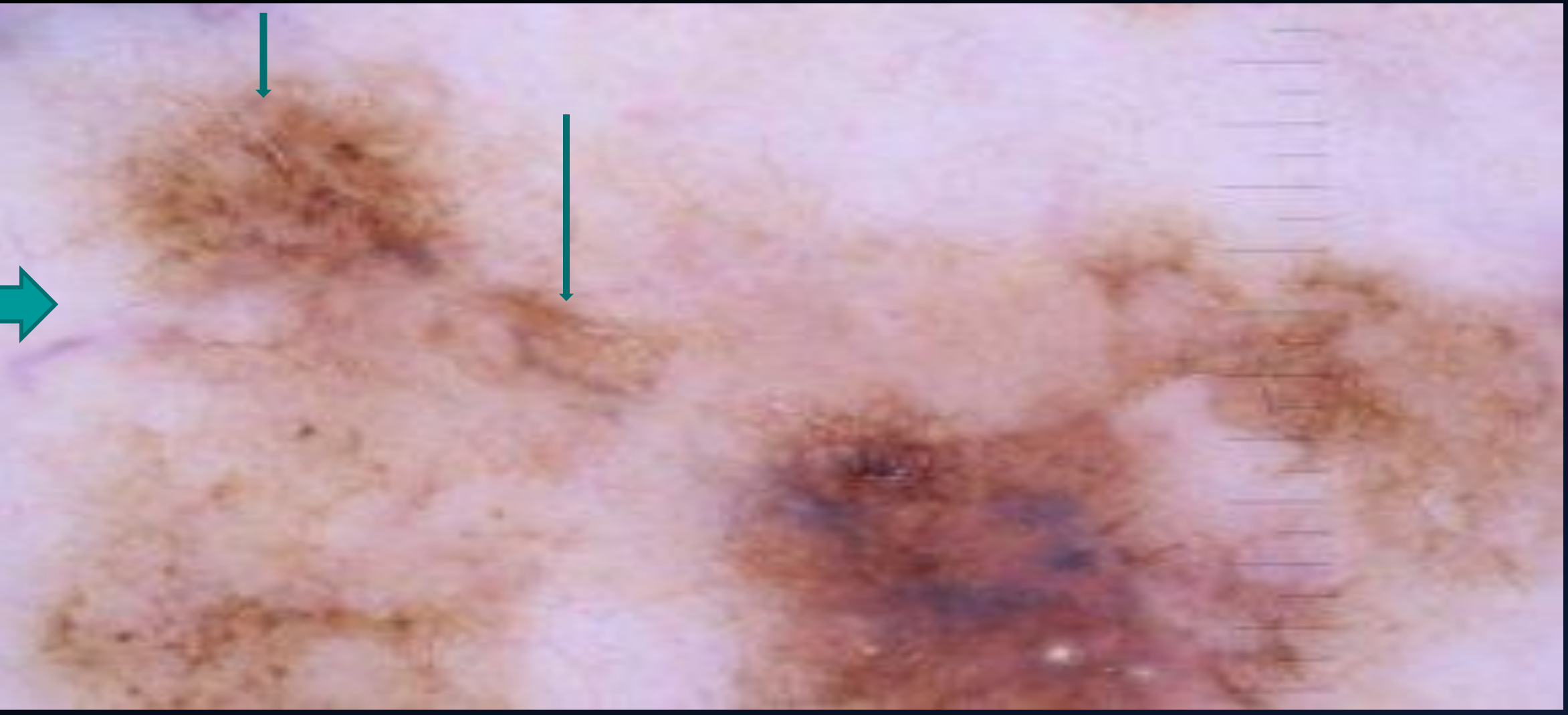
Blue colour with clods



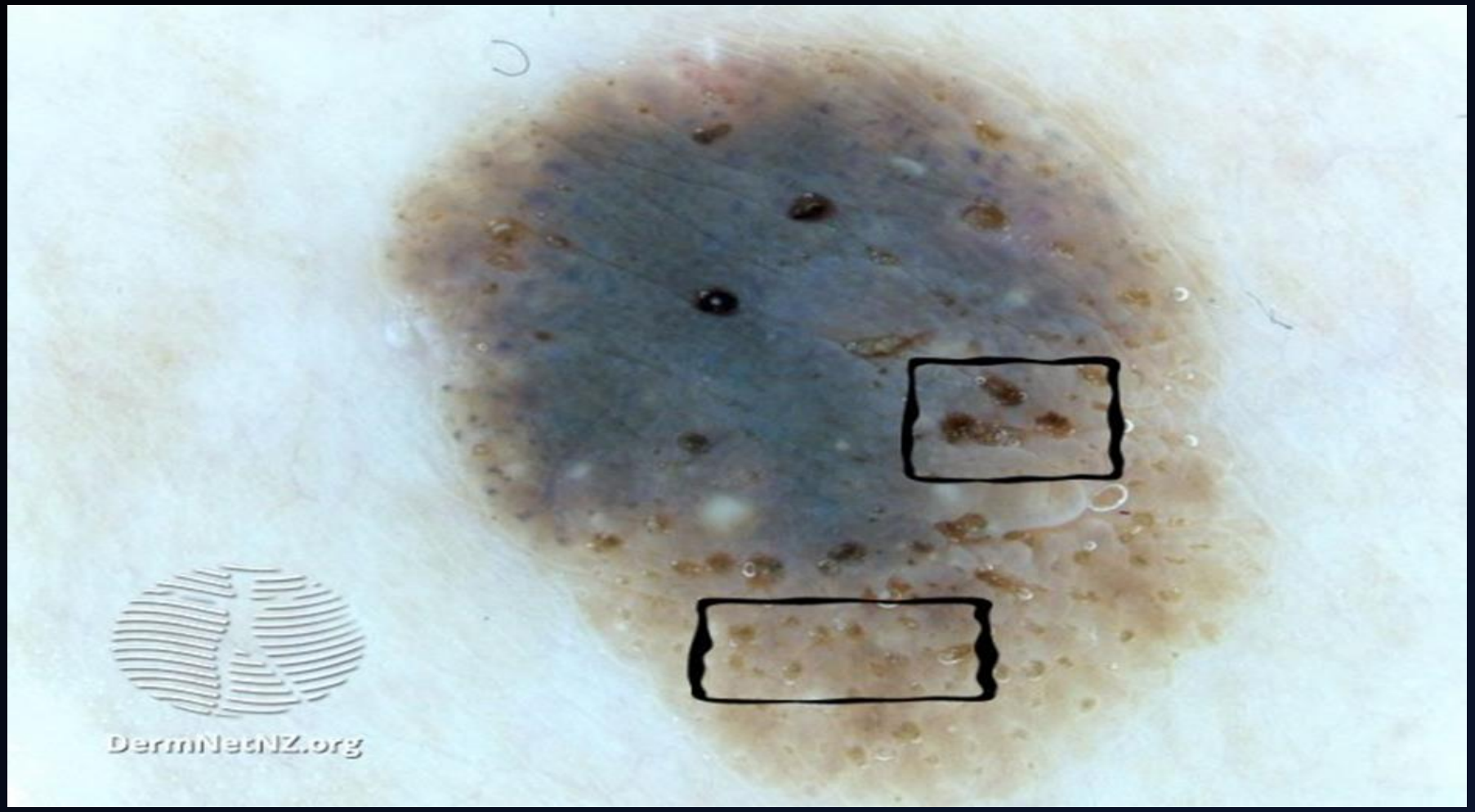
Clods and pseudo clods



Lines and vessels and polygon



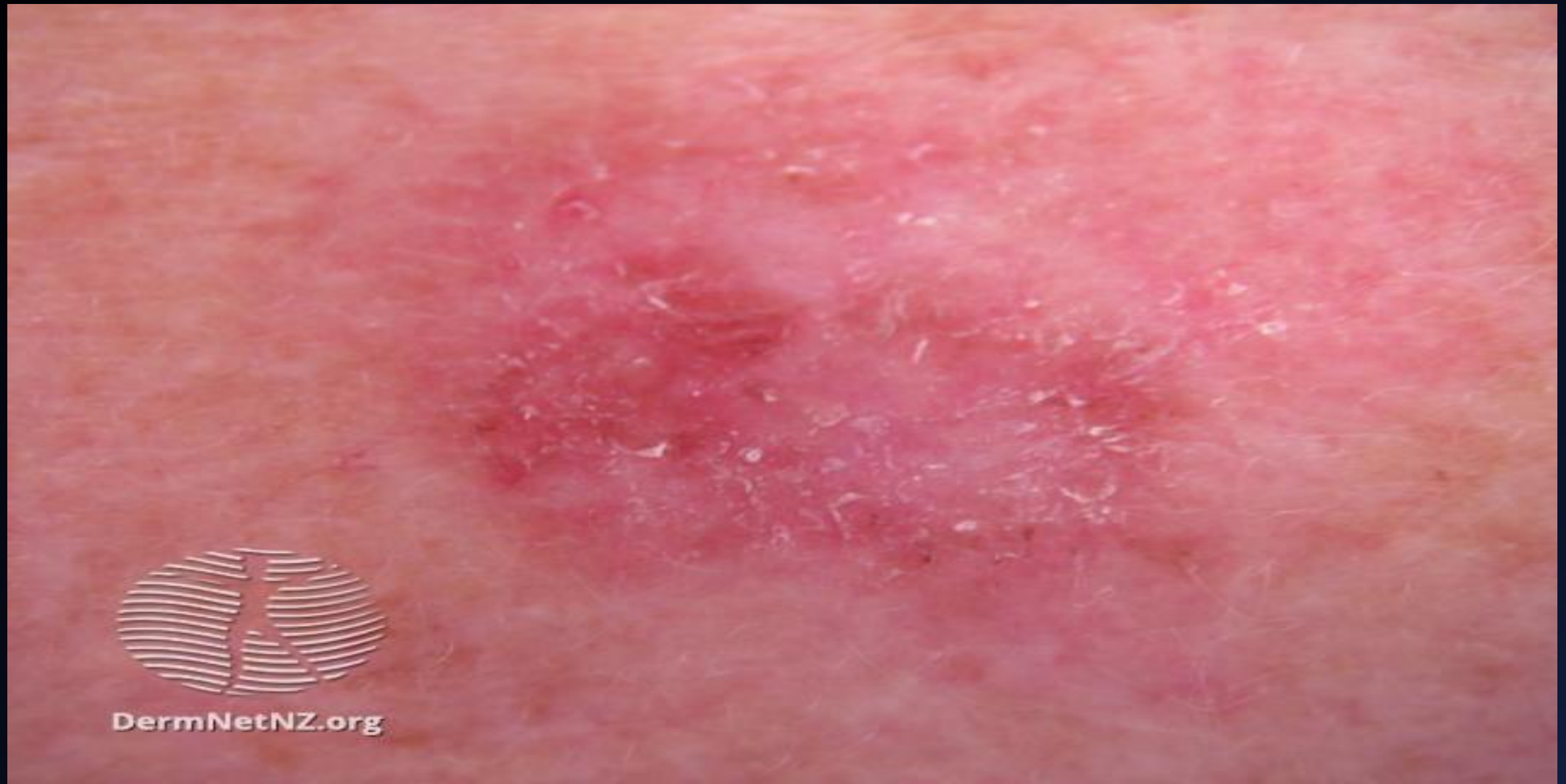
clods



Some do not have pigments

- Is it ulcerated or have white clues
- Is it flat
- Can you see vessels
- Do the vessels appear as dots serpentine coiled or clods
- Are the vessels random

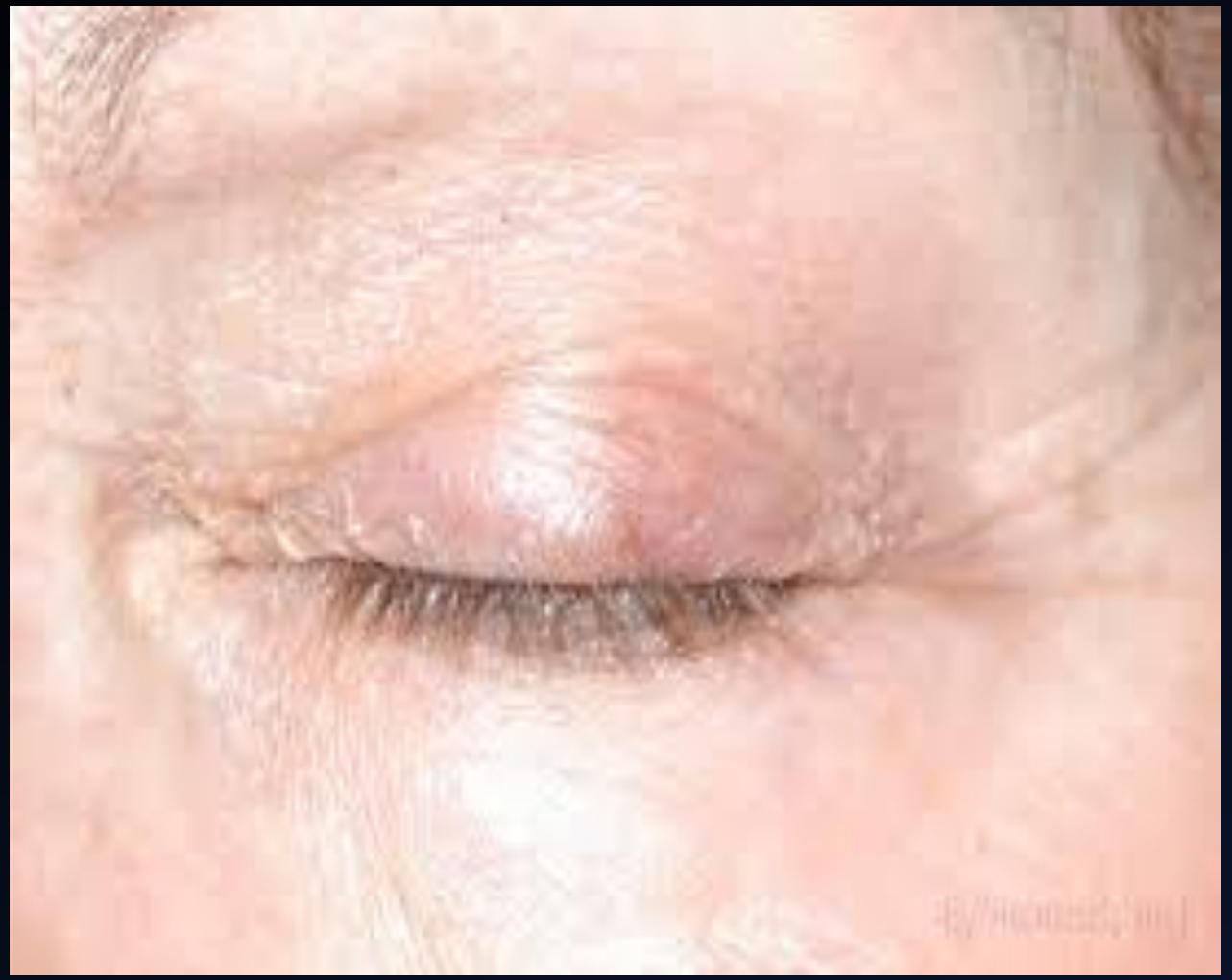
Non pigmented melanoma



Hazel

- Aged 82 years
- European
- Presented with ? Sty of left eye lid
- Persistent
- Eye also itchy
- On eyelid inversion - black lesion with invasion to the conjunctiva

Not Hazel but this is how it looked on the outside.



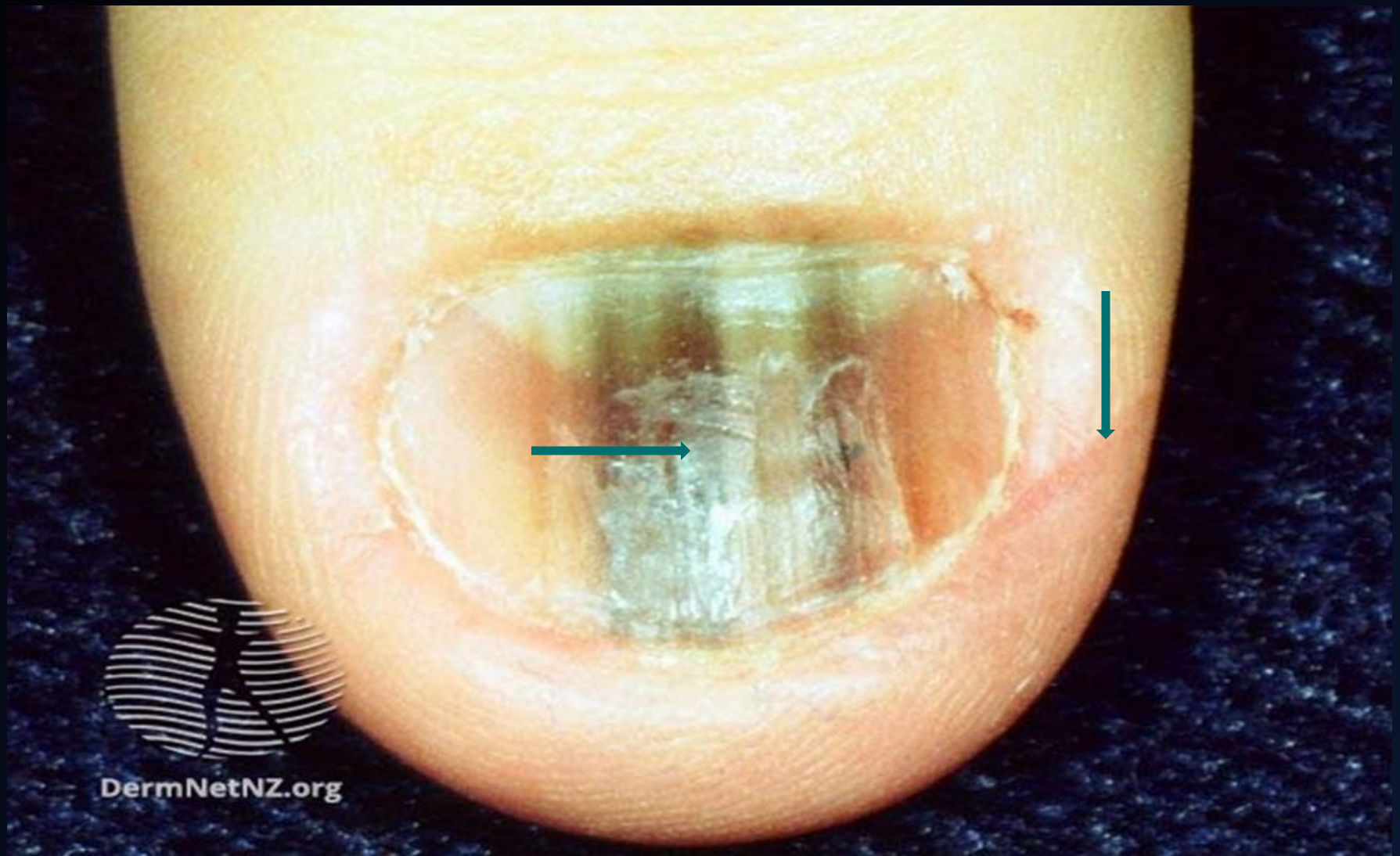
Diagnosis

- lentigo maligna melanoma (melanoma of upper eyelid)
- Level 5 Stage 2

Treatment

- Total eye socket evacuation

Don’t forget the nails

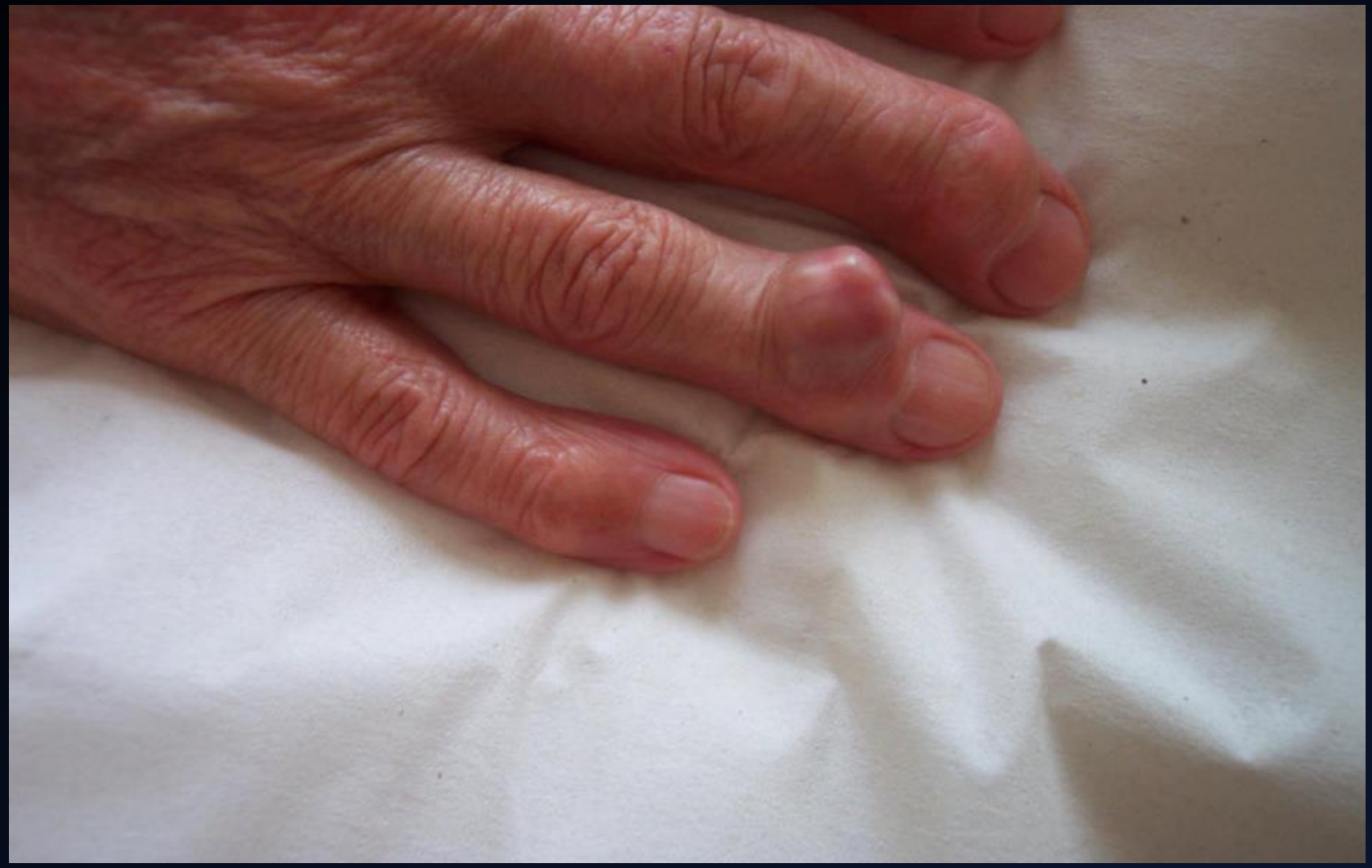


Unusual case

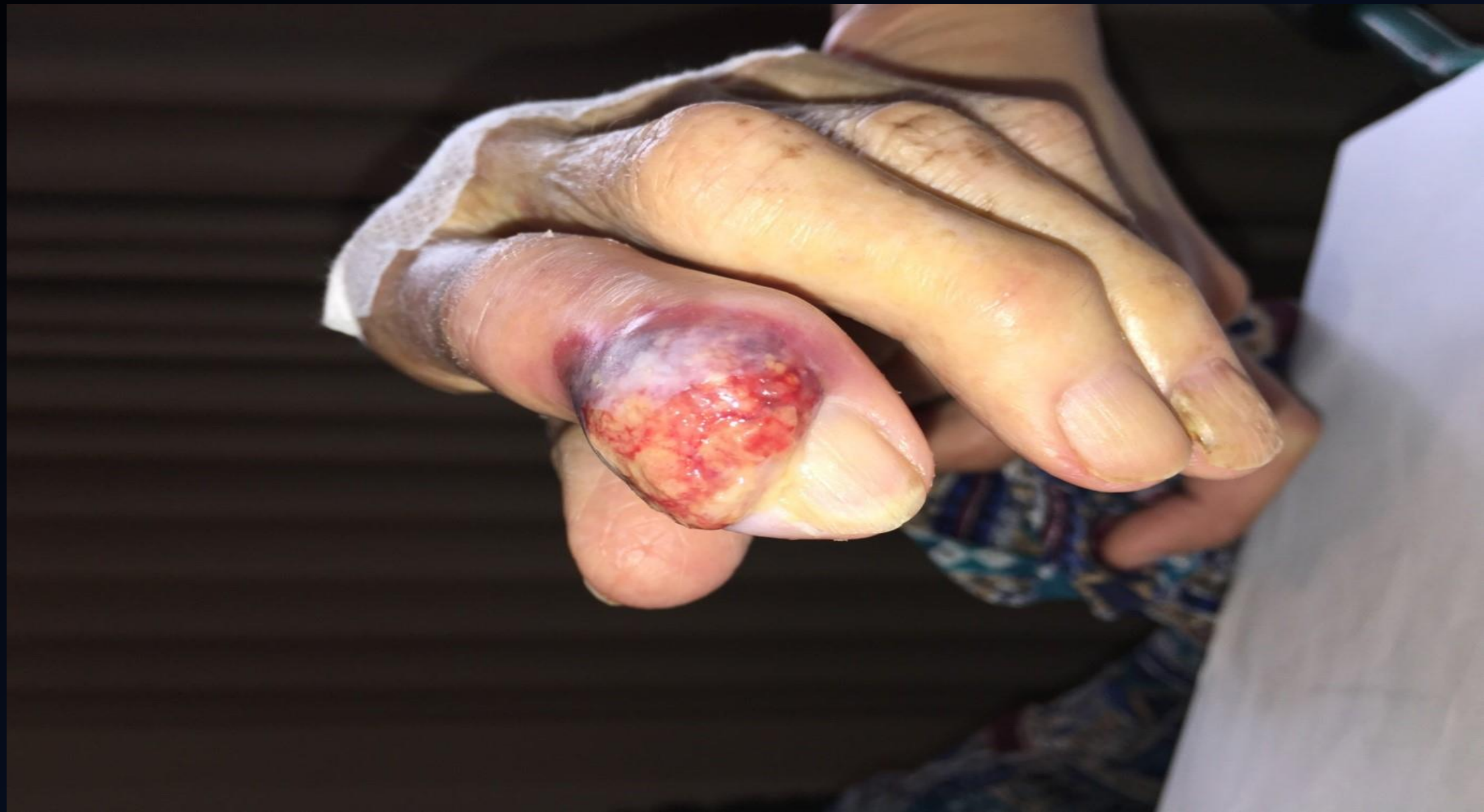
Emily

- 98 years old
- Hx of melanoma jaw
- Previous discord eczema
- Day 1 - small gouty like tophi

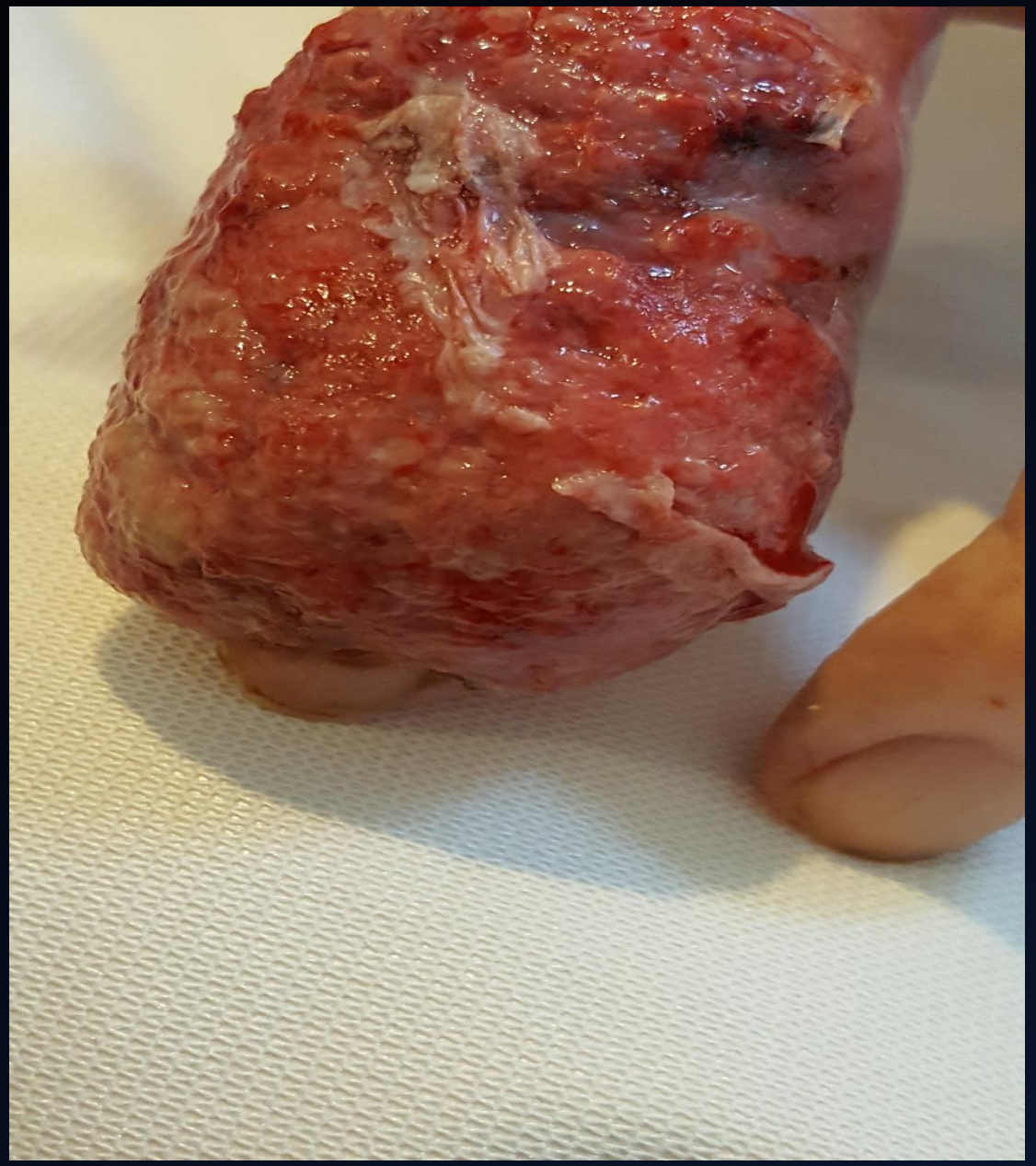
Not Emily but photo of gouty tophi



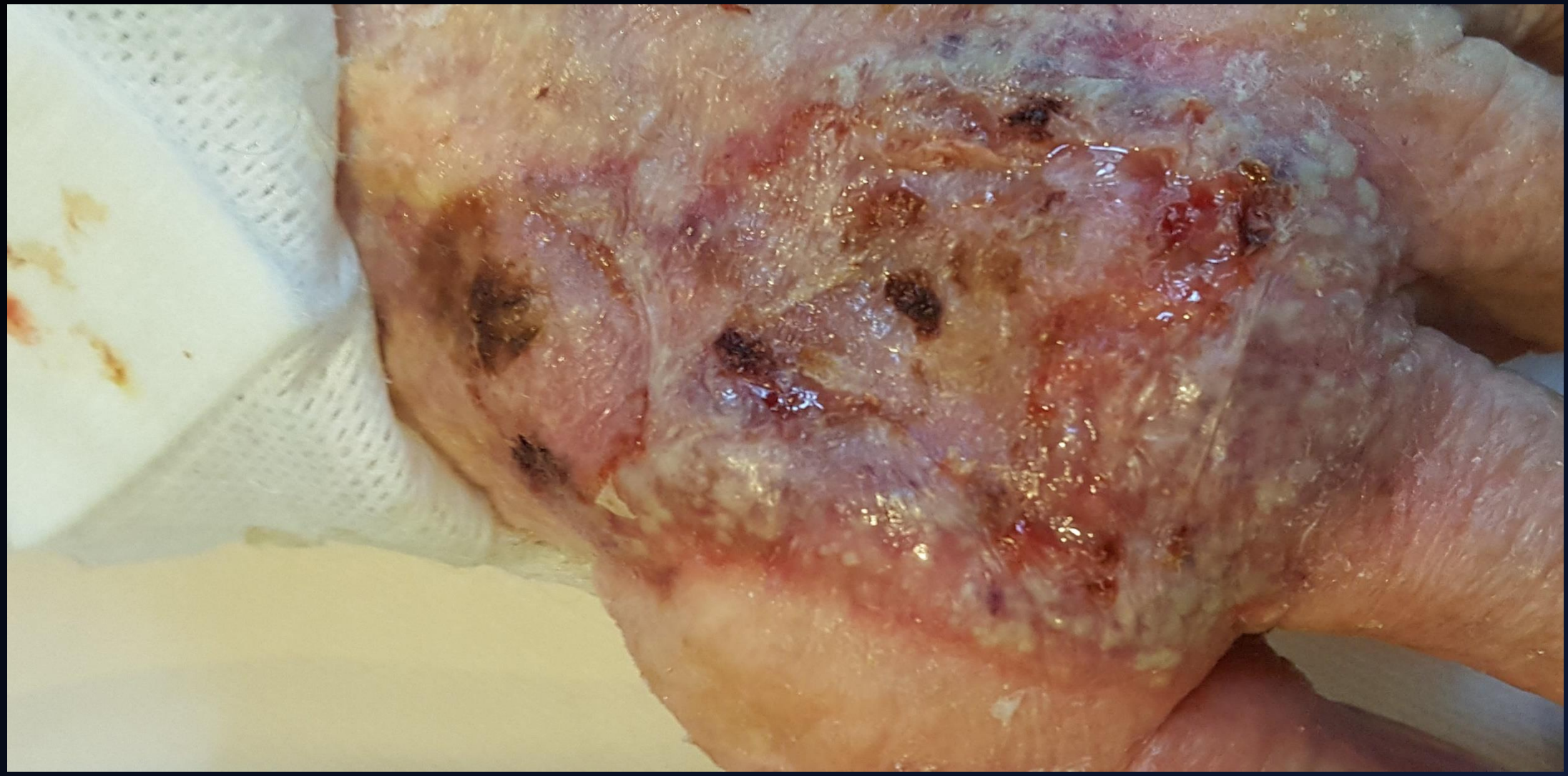
Day 4



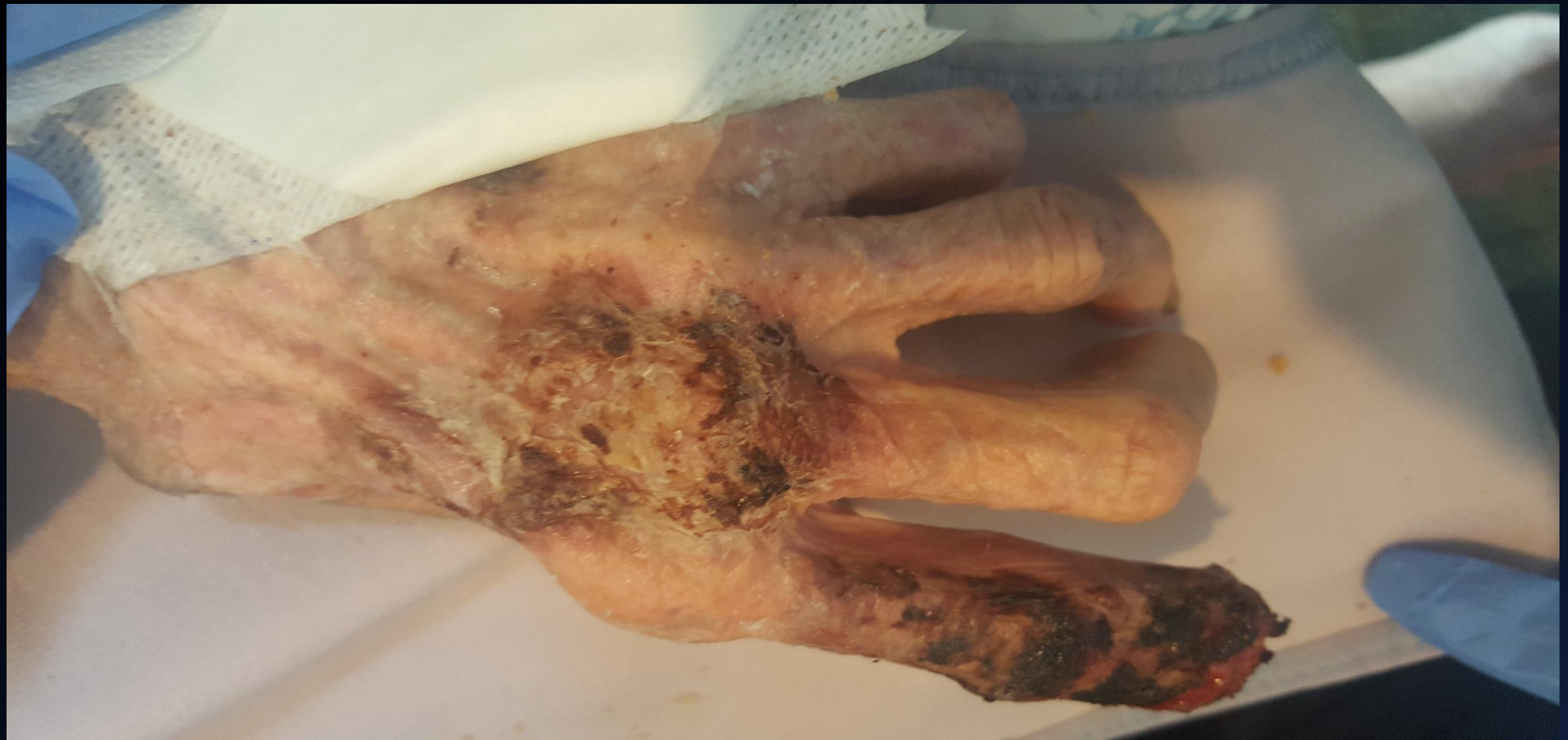
Day 7



Other effected part

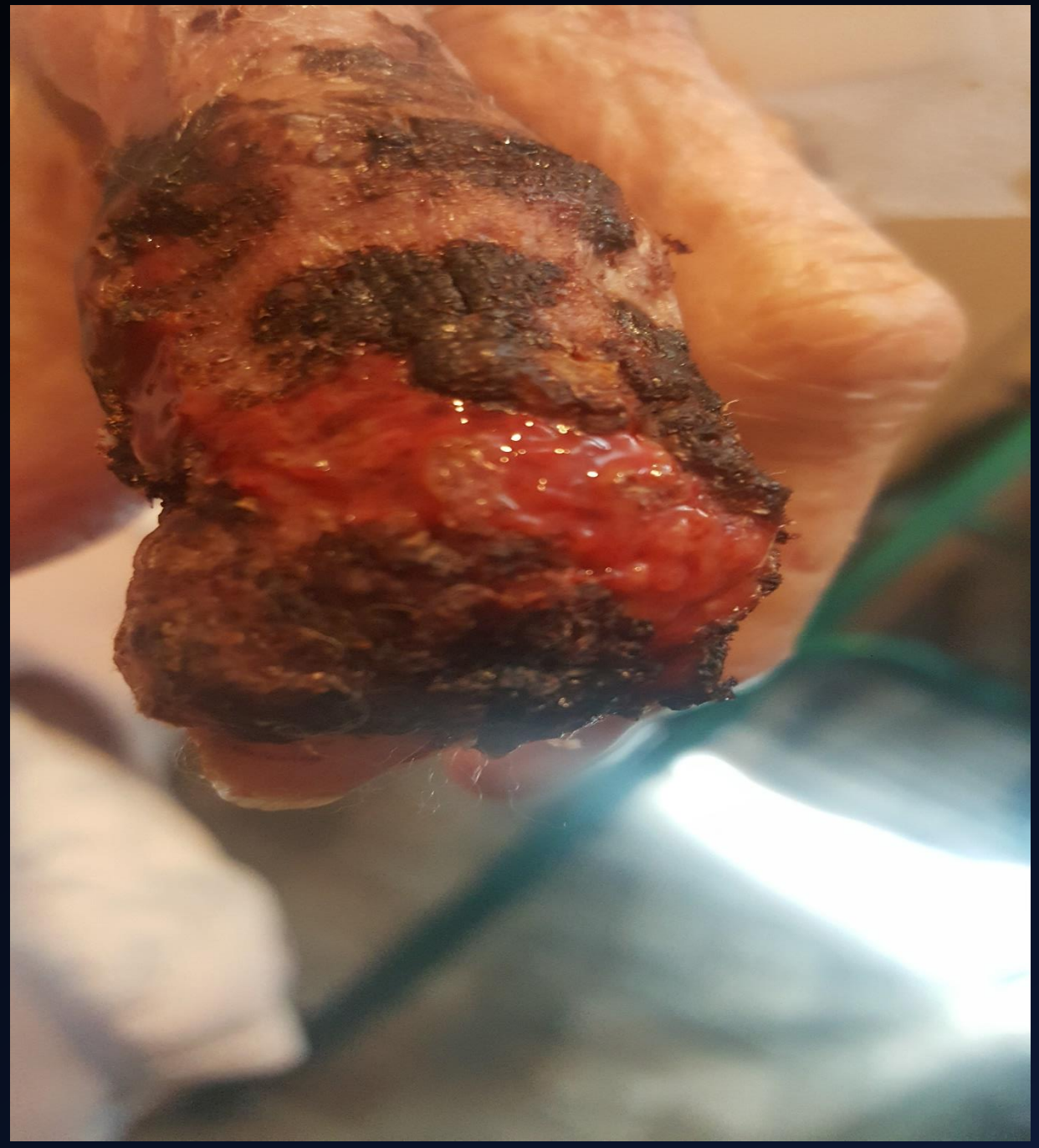


Day 14

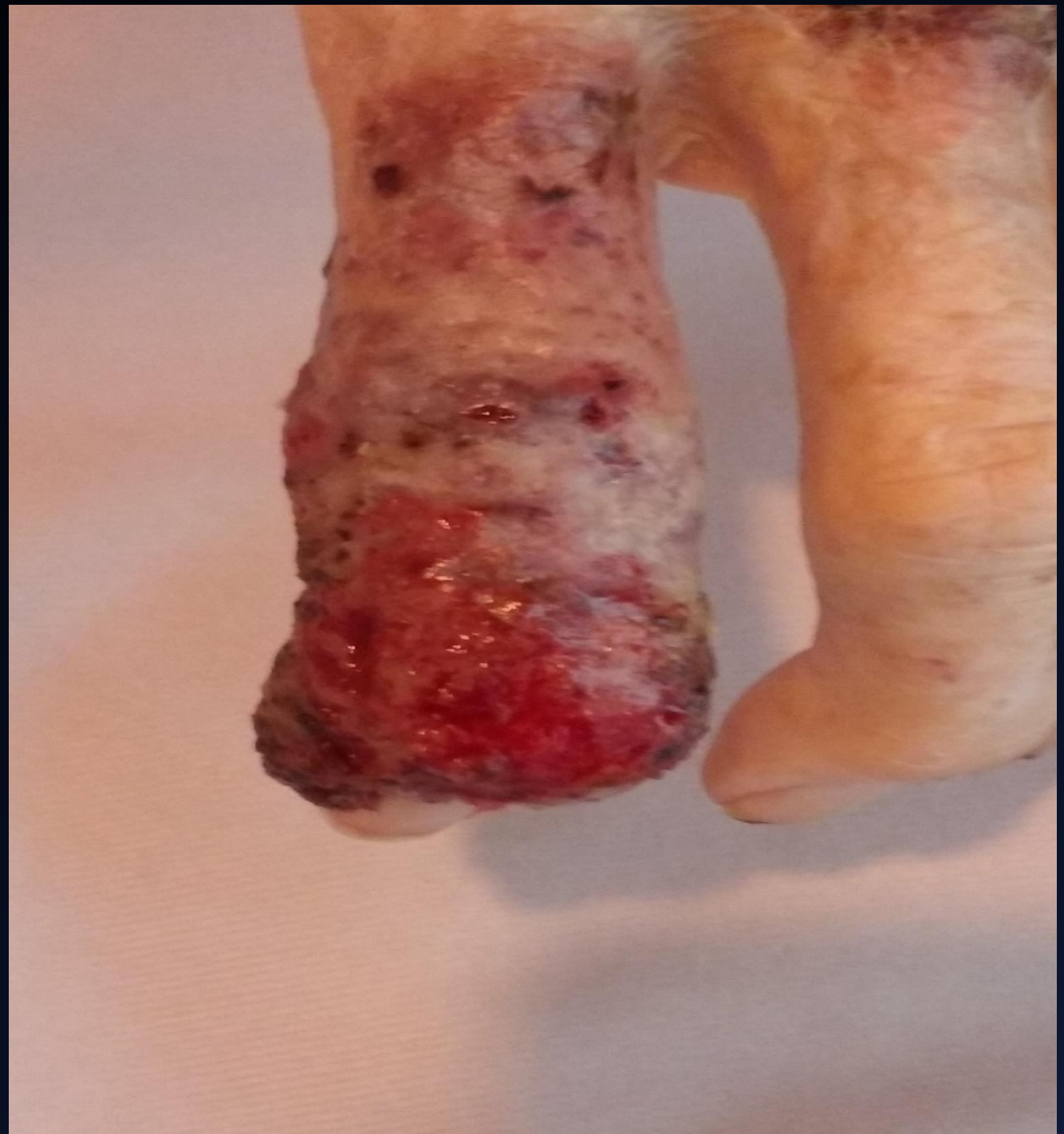


Finger

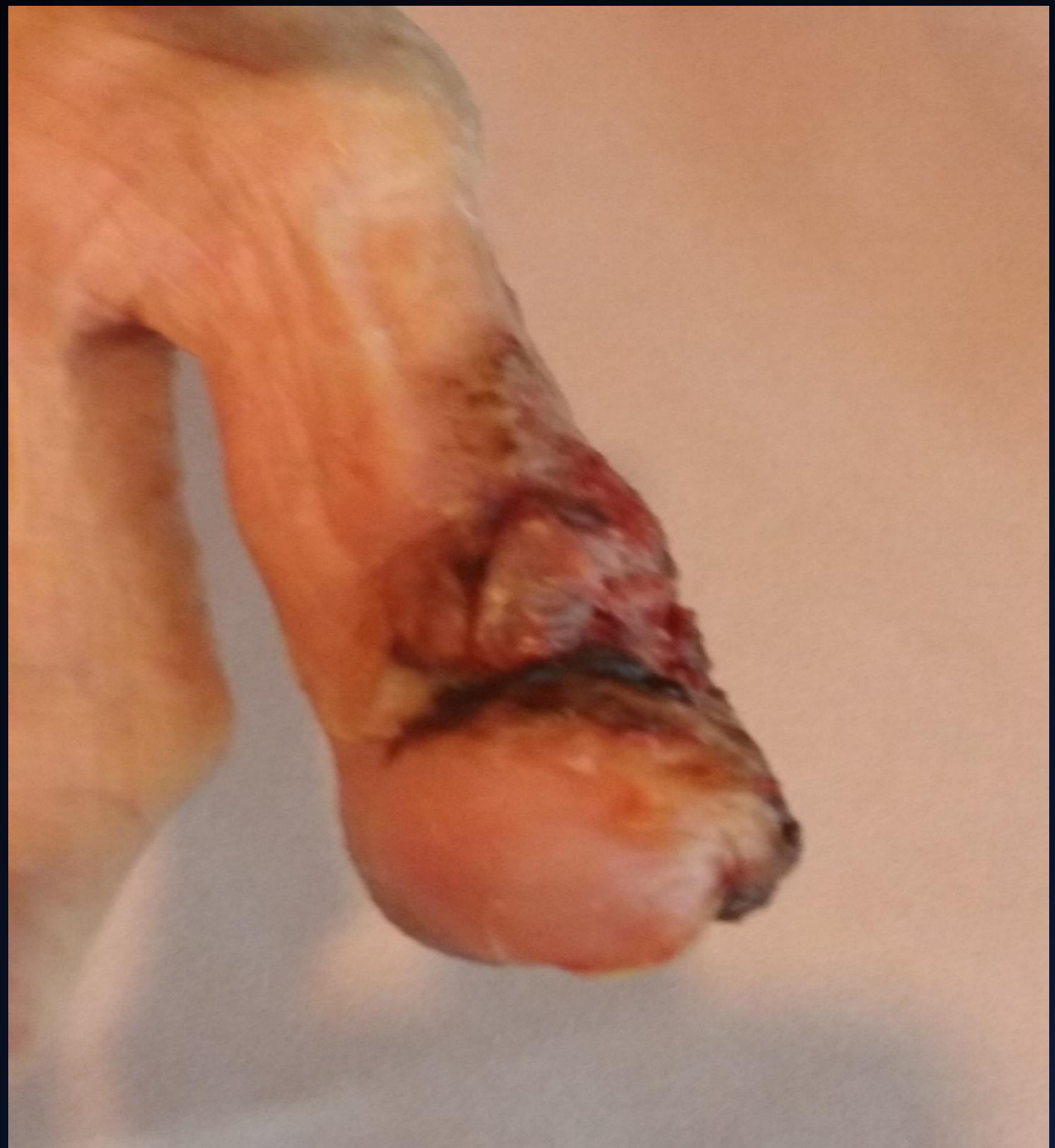
Another view



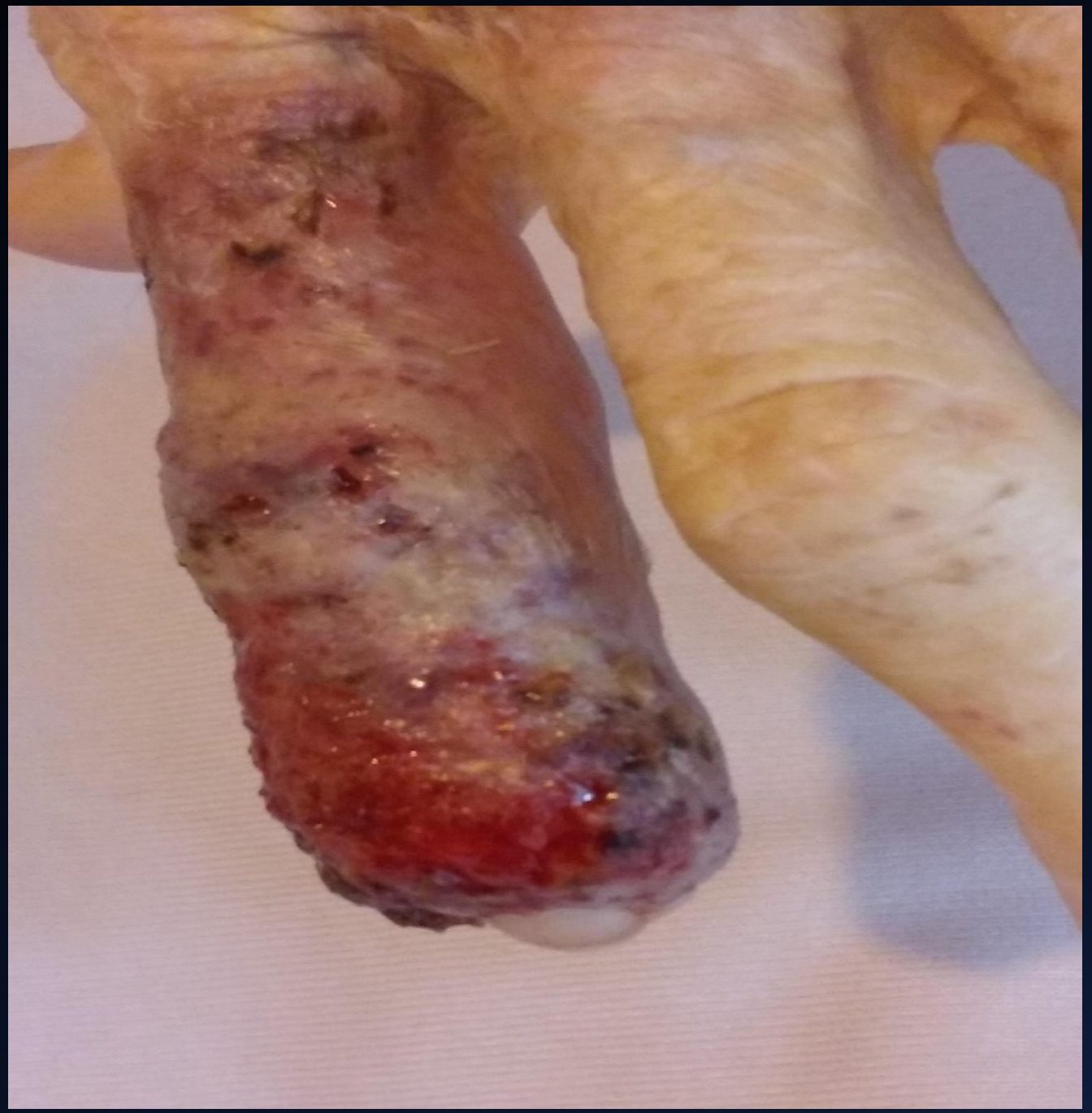
Healing – 18 days



Underneath index finger



28 days



Diagnosis

- Neutrophilic dermatosis

Treatment

- 90mg prednisone for 3 weeks
- Reducing by 10mg a week after that
- Totally healed in 3 months

Important clinical tips

- Always take a good history
- This is key in reaching the correct diagnosis. Specific lines of questioning can whittle down the list of possible diagnoses.
- When did it start?
- Where on the body did it start?
- How itchy is it?
- The common intensely itchy conditions are scabies, lichen planus, lichen sclerosus, nodular prurigo, lichen amyloidosis, dermatitis herpetiformis, Sézary syndrome, and urticaria
- The patient of today may have taken a photo of the rash before it spread or was scratched

Clinical tips continued

- Does it come and go?
- A rash that comes and goes suggests urticaria
- If the patient keeps pets, consider whether the animals might be causing or exacerbating a rash.
- Carry out a thorough examination
- Check the distribution of the rash. The areas affected can give important clues about the diagnosis; for example, lichen planus presents on the inner wrists and lower back.
- **Use a good magnifying lens so you can clearly see the features of the rash.**
- The other skin signs could be caused by the scratching.
- In addition, elderly people with eczema can experience additional problems as a result of the dryness of their skin.