Chapter 22
The Geriatric Patient: Head to Toe Skin Evaluation

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Objectives

Upon completion of this chapter, the reader will be able to

Apply a comprehensive geriatric dermatology history and physical examination.
Differentiate between intrinsic and extrinsic aging.
Describe and recognize the common benign dermatoses: solar lentigines, sebaceous hyperplasia, acrochordons, seborrheic keratoses, Favre-Racouchot, xerosis, seborrheic dermatitis, purpura, cherry hemangiomas, and venous lakes.
Describe the appearance and management of the more common malignant skin neoplasms: actinic keratosis, basal cell carcinoma, squamous cell carcinoma, keratoacanthoma, and malignant melanoma.
Contrast the appearance of bullous pemphigoid, allergic contact dermatitis, herpes zoster, and tinea pedis.
Arrange skin diseases by their color and location and shape to help classify the condition.

This chapter is not intended to include all the possible conditions that can manifest in the geriatric patient, nor does it address every possible differential diagnosis or treatment available for the various conditions. Included here are only the most commonly found conditions among the geriatric population and some of the appropriate treatments. A more comprehensive and detailed list of geriatric conditions can be found in the references listed.

Because there are many cutaneous diseases, a thorough and detailed evaluation of each patient is necessary to gather as much information as possible. As presented in medical programs and books, a thorough history and physical examination includes, but is not limited to, the following points [1]:

The name, age, race, and gender of the patient.
Chief complaint: The reason for the visit. For a dermatologic history and
physical, the questions would involve the existence, location, and history of a skin lesion.

Onset: This would involve when the patient first noticed the lesion, whether it is an acute occurrence or a chronic one.

Progression: This would include the progression of the lesion, whether it is rapid or slow, whether it is contained or widespread.

Impacting factors: Do heat, cold, sun, exercise, travel, drugs, pregnancy, or change of seasons affect the lesion/ailment? If so, how? If not, what does affect the lesion/ailment?

Associated symptoms: Does the area itch, hurt, or burn? Does it have drainage? Is it malodorous? Is the drainage purulent?

Previous occurrence/treatment: Has it happened before? When? If more than once, how many times? How was it treated? Was the medication topical vs oral? How long did the treatment last? What was the result of the treatment?

Summary of information: This is basically a verbal recap of the information during or at the end of the interview to ensure understanding on both sides.

Allergies: To drugs, foods, etc.

Past medical and surgical histories: All previous illnesses and surgeries.

Medications: Dosages, instructions, compliance. Ask patients to bring a list of the medications and dosages with them to each appointment.

Family history: Diabetes, coronary artery disease, hypertension, etc., affecting parents, siblings, grandparents.

Social history: Occupation; use of tobacco, alcohol, or recreational drugs.

**Review of systems**

Physical examination: Vital signs, appearance, any lesions appreciated.

Type: Flat vs raised vs depressed (these include macules, papules, nodules, scales, crusts, pustules, cysts, blisters, fissures, erosions, ulcers, atrophic lesions, lichenification, vesicles, excoriations, plaques); color of the lesion; consistency—what does the lesion feel like; is it mobile; is it tender.

Shape: Is the lesion round vs oval vs annular vs umbilicated; does it have regular vs irregular borders.

Arrangement: Does the area in question have grouped vs disseminated lesions.

Distribution: Is the lesion isolated vs localized vs generalized; symmetrical vs intertriginous area vs follicular vs random; what kind of pattern does it have; is the pattern characteristic of that type of lesion.

Differential diagnosis.

Diagnostic tests to confirm diagnosis.

Treatment plans [1].

The following is a compilation of descriptions, signs/symptoms, differential diagnoses, and treatment [1–4] of the most common diseases and conditions [3–6]