

Optimising Management of Genital Dermatoses in Older Adults

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Abstract

Genital dermatoses in the older adult are common. They are simply classified into venereal and non-venereal genital dermatoses. Strategies in optimizing management include generating preventive measures, identifying predisposing factors, understanding the peculiarities of the genital anatomy and physiology particularly in older adults and instituting guidelines for genital dermatoses in the community, institutionalized homes and hospitals.

It involves both patient and public education to curb the incidence; making the right diagnosis and proper treatment to reduce the prevalence. Genital dermatoses are of public health importance as globally the older population is rapidly increasing.

Keywords: Genital Dermatoses, Management, Older Adults.

Introduction

Genital dermatoses (GDs) are diseases that affect the skin of male and female reproductive organs. Based on the cause, it can be divided into non-sexually transmitted inflammatory lesions, non-sexually transmitted infectious, sexually transmitted infectious, malignant and neurological or pain syndrome related [1]. They could also be classified into autoimmune disorders, infections (bacterial, fungal and viral), hypersensitivity reactions and sexually transmitted infections [2]. A more simplified classification divides it into venereal and non-venereal genital dermatoses [3]. Any skin disease can virtually affect the genital area, giving a wide variety of differentials depending on the presenting complain [4, 5].

The symptoms of GDs vary from individual to individual. GDs can be challenging to manage because of the social discomfort, embarrassment and guilt it brings. The patient may not open easily to discuss the issues. They can also be difficult to manage because they may be asymptomatic and not even noticeable to the patient. GDs are also of social importance because it may be a sign of sexual abuse in the elderly [6].

Epidemiology

The incidence of each of the GDs varies according to the type. The most common non-venereal genital dermatoses were

vitaligo (18%), pearly penile papule (16%), fixed drug eruptions (12%), scabies (10%), scrotal dermatitis (9%) and lichen planus (9%) seen in a study of hundred men in India [3]. Erythroplasia of Queyrat and Bowen's disease of the penis is commonly seen in older adults [4]. Another study showed non-venereal GDs to be more in persons living with Human immunodeficiency virus (HIV) when compared to the venereal diseases [7]. Common GDs found in older adults include Zoon's balanitis, psoriasis, seborrhoeic dermatitis, lichen sclerosis, lichen planus, warts or carcinoma in situ [8]. Elderly men are said to be predisposed to GDs including inflammatory and neoplastic conditions due to age-related physiologic changes, immunosenescence, comorbidities, and iatrogenesis [9]. GDs was seen commonly amongst post-menopausal women in a study [10]. The GDs were found in 60% of subjects which included atrophic vaginitis, lichen sclerosis et atrophicus, lichen simplex chronicus and tinea cruris as the major causes. Pressure ulcers are common skin manifestations in the elderly [11].

Genital pressure ulcers can easily be misdiagnosed and it is usually a diagnosis of exclusion, excluding all other causes of GDs as seen in reported cases of vulvar dermatoses [12-14]. In Africa, the prevalence of pressure ulcers was variable depending

on the study which ranged from 3.4- 44% involving different parts of the body including the genital area [15]. GDs in Nigeria was less than 2% in older adults with men constituting a greater majority [16]. There may also be other causes of GDs which

can be a result of iatrogenic process such as latex allergy [17]. Allergies can also arise from under wears, fragrance, semen, condoms, spermicide, suppositories, pads, soaps etc. resulting in itching and skin rash [17].

Table1: Classification of genital dermatoses and examples

CLASSIFICATION	EXAMPLES
Malignant	Extra-mammary Paget's disease, Invasive squamous cell carcinoma, Mucosal melanoma, Penile intra-epithelial neoplasia (PIN), Vulval intra-epithelial neoplasia (VIN)
Neurological or pain syndrome	Delusional Parasitosis, Dyspareunia, Dysesthesias, Parasthesias, Pressure sores
Non-sexually transmitted infectious	Boils, Folliculitis, Impetigo, Jock itch, Vulvovaginal candidiasis (thrush)
Non-sexually transmitted inflammatory	Balanitis, Dermatitis, Genital eczema, Lichen planus, Psoriasis,
Parasitic Infestations	Pubic Lice, Scabies
Sexually transmitted infectious	Chlamydia, Gonorrhoea, Syphilis, Trichomoniasis

Clinical Presentation

GDs have variety of presentations. The individual may complain of a skin rash, itching or discharge or nonspecific sensations or even a swelling. A thorough examination of the area would reveal an ulcer, rash, discharge, dry skin or no significant finding [5]. Clinical presentation of vulvar disorders in older adults can be confusing because of normal variants, multifactorial causes, scarring as a common manifestation, confounding factors such as incontinence and immobility contributing to inflammatory lesions, presence of multi-morbidities [5]. Depression and anxiety with other neuropsychiatric problems can also worsen the situation [5]. Drug reactions and hypersensitivities from multiple drug reactions can also alter the genitalia [4, 5]. It is also important to note that the warmth and moisture of the genitalia may alter the presentations of the same skin disease seen in other parts of the body which may or may not co-exist. For instance, papulosquamous lesions such as lichen planus and psoriasis may not present with any scale at the genitalia [4, 5]. The older skin may also be subject to a lot of dryness and reduced production of secretions due to withdrawal of oestrogen.

Management Strategies

There are different management strategies for each of the genital dermatoses but in managing each would include a detailed history including sexual history, drug history, urogynaecologic history and psychiatric history. A detailed mucocutaneous examination, careful patient education and modification of some common dermatologic principles would aid in effective management [1-5]. Investigations such as high vaginal swabs, wound swab microscopy culture and sensitivity, skin punch biopsy and patch testing are useful [4, 5, 18]. In some conditions the principle of management would be conservative such as in early stages of penile cancer while in some cases it would require preventive strategies such as male circumcision [4]. The use of

mild moisturisers, avoidance of irritants and adequate treatment of infections is also helpful. Hormone replacement therapy for post-menopausal women can be therapeutic. Collaborative approach is needed in managing pressure sores that can also affect the genital area [19].

Optimising Management

Having a detailed knowledge of the anatomy, physiology and pathologies of the genital area by the physician is beneficial. It is important to distinguish the actual site of dermatoses; for instance, genital is different from perianal. The genitals refer to the external reproductive organs which consist of the testicles and penis of a male or the labia, clitoris, and vagina of a female. The perianal area refers to the area of the body between the anus and the vulva in a female, and between the anus and the scrotum of a male. Understanding the differences in the presentation of venereal and non –venereal disorders is equally important.

This knowledge and understanding are what would determine the information given to the patient. Patient education requires time hence should not be rushed in one visit. It would include the use of pamphlets, repeat instructions during visits, repeating information during group support periods and evaluating how much the patient knows from time to time [4, 5, 18]. Identification of systemic diseases that can present with genital disorders such as Behcet's disease, Crohn's disease and drug hypersensitivity reactions is important and this must be conveyed to the patient. Patch skin testing plays a vital role in suspected allergic reactions [20].

Recognition of GDs by the public as a problem is important in curbing the incidence of these skin lesions. Co-morbidities may impair the older adult's health and even affect the cognitive ability to identify GDs, hence healthcare workers and caregivers should be taught how to identify these GDs and give care while maintaining the respect, dignity and honour of their patient.

Health slogans such as the “Public for the pubic” can be used in multimedia adverts to stimulate interest in understanding and preventing GDs in all regardless of the age.

Special social gatherings can be set up specifically for seniors, stratified into gender groups for more comfortable settings to discuss issues regarding the genitalia. It is also important to understand the different sociocultural and religious backgrounds in which the older adult lives in; because certain practices on the genitals may enhance or alleviate GDs. Male circumcision is preventive for several male genital diseases including penile cancer though largely done in most parts of Africa for religious reasons [21]. Female genital circumcisions practiced mainly in Africa and Middle East is harmful; predisposing to a lot of genital complains such as scarring and dyspareunia [22]. Genital tattooing and piercing practiced more in European countries can result in dysuria and dyspareunia [23]. Generating guidelines that can be community and hospital based including nursing homes in caring for older adults with GDs would also be beneficial [24]. Prevention of GDs in older adults is important; hence predisposing factors should be avoided or modified to prevent damage to the skin. Screening for sexually transmitted infections (STIs) in the elderly can also be useful [25]. Dermatologists, geriatricians, urologists, gynaecologists, general health care physicians, nurses and even medical and nursing students should undergo training and retraining in GDs and not just on sexually transmitted infections alone. These topics should be included in continuing medical education lectures, webinars and seminars [24]. International collaboration involving all stakeholders is important to create more global awareness, research and uniformity of interventions.

Concussion

Genital dermatoses are common and are of public health importance as globally the older population is rapidly increasing. International collaboration and multidisciplinary approach are key strategies in curbing the prevalence.

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