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Original Research Article

An observational study on papules over the face in elderly women above the age of fifty years

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ABSTRACT

Background: Facial papules over the face occurring in women above fifty years can be of multiple aetiologies like infections, inflammatory causes and tumours either benign or malignant. Diagnosis is mainly clinical and histopathology only for conformation.
Methods: A cross sectional study was done to evaluate the incidence of papules in women attending the dermatology OPD in a tertiary care hospital aged above 50 years of age. Interpretation of the findings included the frequency of various benign and malignant conditions and also if the papules where the reason for the consultation.
Results: In our study majority of the patients had asymptomatic facial papules and had come to the dermatology OPD for other skin conditions. The most common cause for facial papules was compound nevus followed by dermatitis papulosa nigra. The age group most affected was within 61and 70 years of age.
Conclusions: Our study concluded that facial papules of benign neoplastic aetiology are the most prevalent in our population setting. Treatment is advised for symptomatic relief, cosmetic amelioration or malignancy prophylaxis.

Keywords: Facial papules, Elderly women, Benign, Malignant

INTRODUCTION

Facial papules are a common finding in dermatology OPD's, wherein few are symptomatic while a vast majority of them are asymptomatic. In women crossing the age of fifty; facial papules are of multifactorial aetiology. Papules being an elevated solid lesion of skin less than 1 cm in diameter must be also evaluated based on shape, colour, umblication, distribution, configuration and presence of tenderness.[1] The pathogenesis of papules over face varies depending on whether the aetiology is inflammatory, infectious or neoplastic either benign or malignant.

The neoplastic causes are divided into benign and malignant. Benign conditions include dermatitis papulosa nigra, seborrhoeic keratosis, keratoacanthoma, milia to name a few.[2,3] Premalignant conditions include actinic keratosis and cutaneous horn.[4] Malignant conditions include squamous cell carcinoma, basal cell carcinoma and malignant melanoma.[5] Among the inflammatory causes the most common ones include acne, rosacea, perioral dermatitis; lupus miliaris disseminates faciei, sarcoidosis.[6,7] Among the infectious causes the most common ones include molluscum contagiosum, tinea faciei, lupus vulgaris and demodicidosis.

Treatment options include surgical removal, topical and systemic drugs. Surgical methods include radiofrequency

ablation, cryotherapy, lasers, etc.[8] Topical and systemic drugs based on the aetiology will include keratolytics, retinoids, antifungals, antibiotics, vitamin D analogues and antimitotics. Majority of the cases are asymptomatic and of no cosmetic concern to the patients. The symptomatic ones who demand treatment for the same are mainly due to cosmetic reasons. The objective of this study is finding the incidence of facial papules in elderly women above 50 years and various aetiologies of these papules.

METHODS

Study design

The study was a cross sectional observational study.

Study area

The study was conducted at Skin Outpatient Department, Sree Balaji Medical College and Hospital.

Study population

Female patients aged 50 and above attending skin OPD, who are clinically diagnosed with facial papules.

Study sample

The study consisted of 50 patients.

Type of sampling

Consecutive sampling method was implemented.

Procedure of study

Women above 50 years attending the skin OPD at Sree Balaji Medical College and Hospital are subjected to a detailed history taking and dermatological examination. If diagnosed to have facial papules; a photographic documentation is done. Further enquiry and examination is done to analyse the aetiological factors responsible for the occurrence of the facial papule.

Data entry was done on MS Excel and data analysis done in SPSS 22 version.

Exclusion criteria

Female patients below the age of 50 and male patients were not consenting for the study.

Inclusion criteria

The recruited patients consenting for the study were subjected to full history taking, general dermatological examination and photographic documentation.

Prior to the start of the study, each patient was given a written informed consent and the study was approved by the ethical and research committee.

RESULTS

The most common aetiology for facial papules is compound nevus (22%), next being dermatoses papulosa nigra (20%). among the other causes are milia (10%), senile comedone (8%), seborrhoeic keratosis (8%), tinea faciei (6%), syringoma (12%), trichoepithelioma (2%), molluscum contagiosum (2%), dermatoses papulosa alba (2%), actinic keratoses (2%), acne (2%), cutaneous horn (2%) [Figure 1].

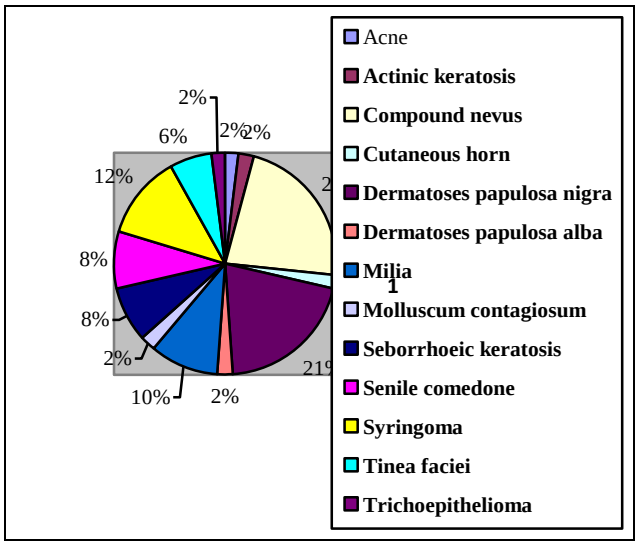

Figure 1: Facial Papules in women above 50 years.

In our study we divided the patients into three age groups, 50-60 (n=19), 61-70 (n=21), above 70 (n=10) [Figure 2] [Table 1], amongst them the most common age group affected was in the age group 61-70 years (42%).

Table 1: Frequency distribution table showing incidence of facial papules in different age groups.

Age group (in years)	Frequency
50-60	19
61-70	21
71 and above	10

Out of the 50 patients, 12 patients (24%) came with facial papules as the presenting complaint. The rest 38 patients (76%) had come to the dermatology OPD for other skin related problems and facial papules where an incidental finding in these patients [Figure 3]. Out of the three age groups the age group 61-70 years had the maximum number of patients with facial papules as the presenting complaint 33% (n=5), followed by age group 50-60 years 42% (n=4) and age group above 70 years 25% (n=3) [Figure 4].

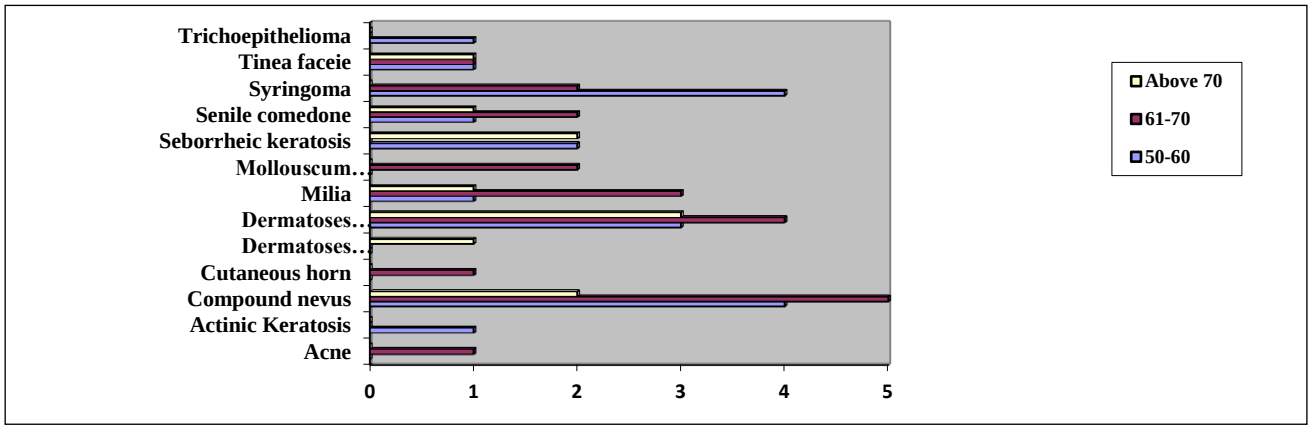

Figure 2: Facial papules in different age groups.

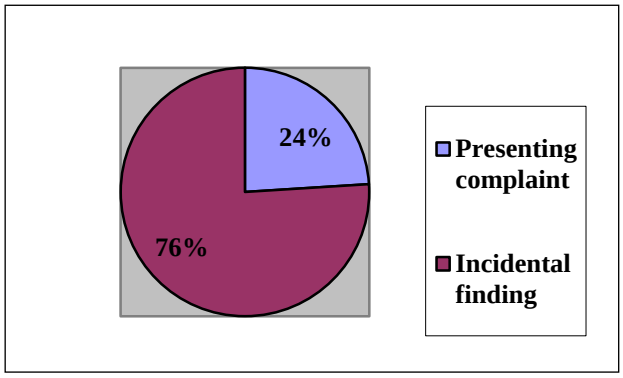

Figure 3: Patients with facial papule as a presenting complaint.

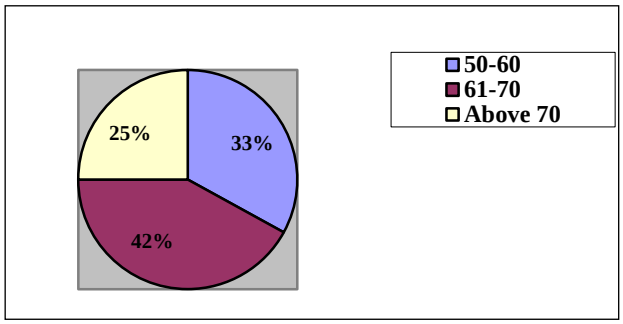

Figure 4: Facial papules in different age groups.

Figure 5: Senile comedone of favre and racouchot over the nose.

Figure 6: Compound nevus over the angle of mouth.

Figure 7: Dermatoses papulosa nigra.

Figure 8: Syringomas over the lower eyelid and nasolabial fold.

DISCUSSION

Our study showed that in the age group of 50-60 years both compound nevus and syringomas is the most common occurring cause for facial papules.

In the age group of 61-70 years, compound nevus has the maximum incidence. In the age group of above 70 years compound nevus is the most common cause for facial papules.

In our study the incidence of acne was 2% (n =1), actinic keratoses 2% (n=1), compound nevus 22% (n=11), cutaneous horn 2% (n=1), dermatoses papulosa nigra 20% (n=10), dermatoses papulosa alba 2% (n=1), milia 10% (n=5), molluscum contagiosum 2% (n=1), seborrhoeic keratosis 8% (n=4), senile comedone 8% (n=4), syringoma 12% (n=6), tinea faciei 6% (n=3) and trichoepithelioma 2% (n=1).

The study also concluded that out 50 patients who were evaluated for facial papules only 24% (n=12) had come with facial papules as presenting complaint and the rest 76% (n=38) of the patient had facial papules diagnosed as an incidental finding.

Of the 12 patients who came with facial papules as the presenting complaint the age group 61-70 years had the maximum incidence (n=5), followed by the age group 50-60 years (n=4) and the age group above 70 years (n=3).

The most common reasons for consultation for symptomatic papules were cosmetic, fear of malignant transformation and itching.

This study is the first of its kind to be reported in literature to the best of our knowledge.

CONCLUSION

Facial papules sometimes pose a diagnostic challenge to dermatologists. Our study concluded that facial papules of benign neoplastic aetiology are the most prevalent in our population setting. Treatment is advised for symptomatic relief, cosmetic amelioration or malignancy prophylaxis. The results of our study highlight the prevalence of facial papules of varying aetiology. As a rule dermatologists must be observant of these facial papules whether symptomatic or not in view of malignant transformation of a benign lesion.

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Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Jackson R. Definitions in dermatology: a dissertation on some of the terms used to describe the living gross pathology of the human skin. Clin Exp Dermatol. 1978;3(3):241-7.
2. Schwartz RA. Multiple persistent keratoacanthomas. Oncol. 1979;36(6):281-5.
3. Angioma C. Common benign skin tumours. Am Fam Physician. 2003;67(4):729-38.
4. Callen JP, Bickers DR, Moy RL. Actinic keratoses. J Am Acad Dermatol. 1997;36(4):650-3.
5. Alam M, Ratner D. Cutaneous squamous-cell carcinoma. New England J Med. 2001;344(13):975-83.
6. Dekio S, Jidoi J, Imaoka C. Lupus miliaris disseminatus faciei-report of a case in an elderly woman. Clin Exp Dermatol. 1991;16(4):295-6.
7. Robert C, Kupper TS. Inflammatory skin diseases, T cells, and immune surveillance. New England J Med. 1999;341(24):1817-28.
8. Miller RL, Lee JH, Fox TL. Inventors; 3M Innovative Properties Co, assignee. Methods for treating skin lesions. United States patent; 2010: US 7,699,057.

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