DERMOSCOPY IN THE GERIATRIC PATIENT

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As the population continues to age, clinicians and dermatologists are increasingly faced with geriatric patients representing a range of dermatological manifestations including benign and malignant skin tumors.

The knowledge about the epidemiological and morphological features including dermoscopy of common and benign, melanocytic and non-melanocytic skin tumors in the elderly represents the basis for a better understanding and management of problematic skin tumors in this age group. The clinical and dermoscopic diagnosis of melanoma or non-melanoma skin cancer in the elderly is facilitated by the fact that older patients present generally with only a few, banal nevi or with seborrheic keratosis and hemangiomas. These common benign lesions rarely cause significant diagnostic difficulties. Nevertheless, problematic lesions exist and often refer to gray zone lesions, in which a clinical and biological boundary between benign and malignant cannot be accurately made with current diagnostic methods. This group of problematic lesions includes mainly junctional or lentiginous melanocytic proliferations arising on chronically sun-damaged skin. On the other hand, older patients are at higher risk of developing fast growing, biologically highly aggressive melanomas, which may simulate benign skin lesions. For the diagnosis of these aggressive melanomas, the most important single clue is their rapid growth; this is also because newly developing or growing lesions can be regarded as quite rare in the elderly. Finally, programs to increase the awareness of melanoma and non-melanoma skin cancer and increased opportunistic total body skin examinations are required to improve the often poor prognosis of melanoma in the elderly.