14°
GRAN ATENEO ANUAL DEL EJE CAFETERO

Capítulo eje cafetero

ASOCOLDERMA

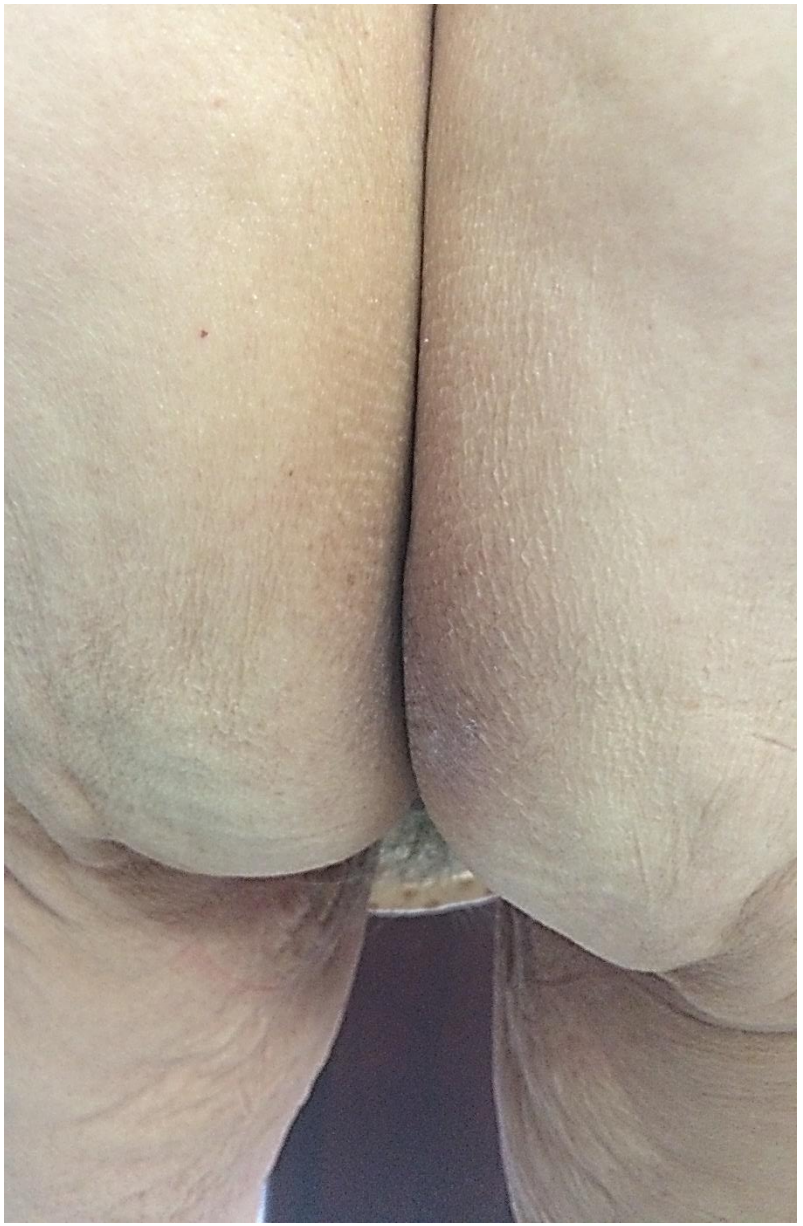
CASO PRESENTADO POR :

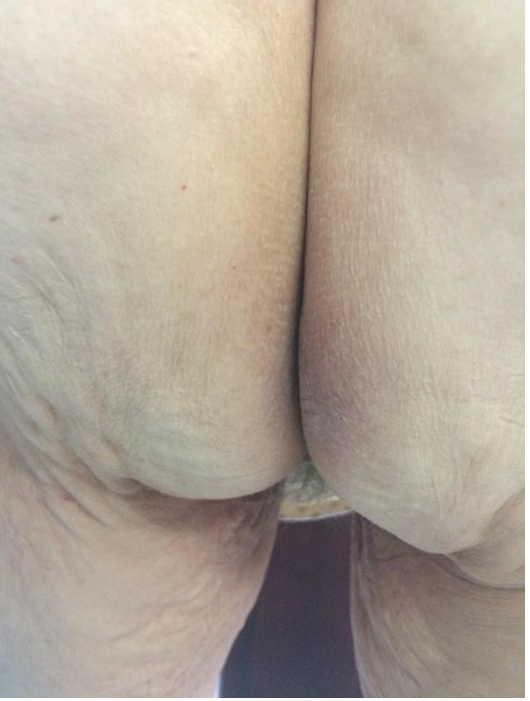
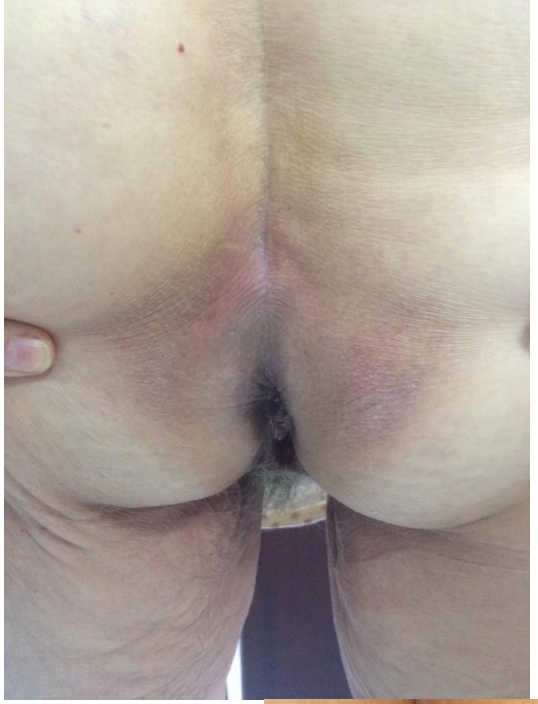
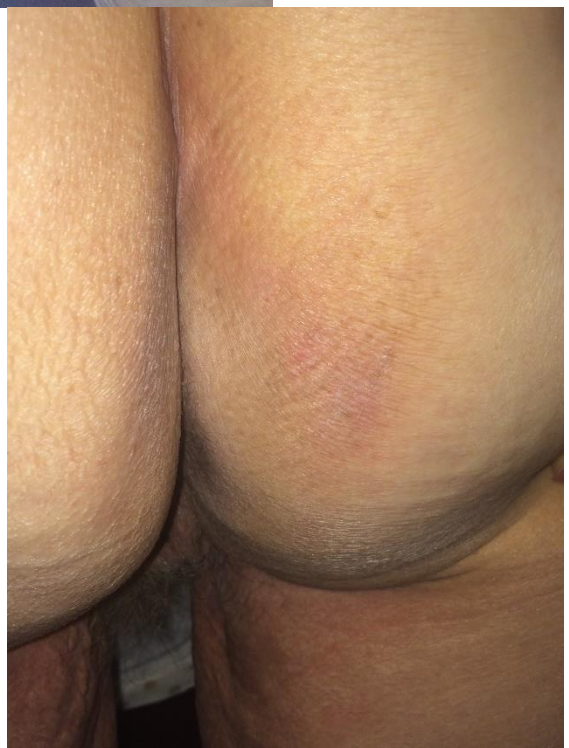
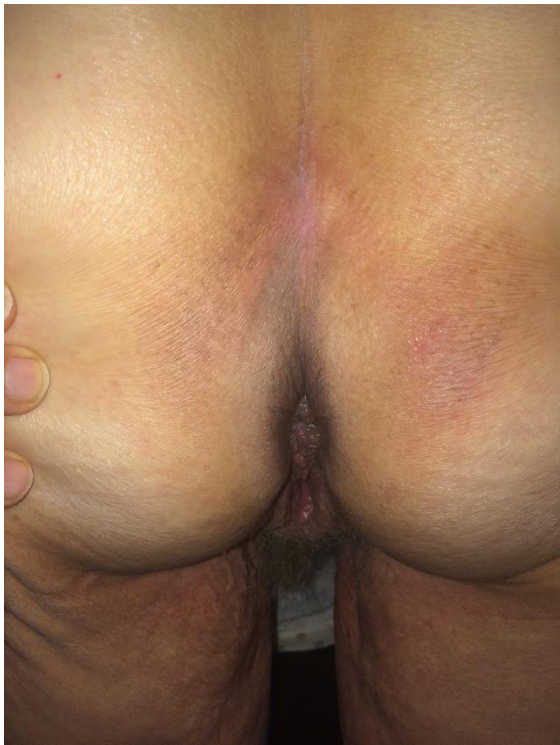
Dra Angela Seidel A

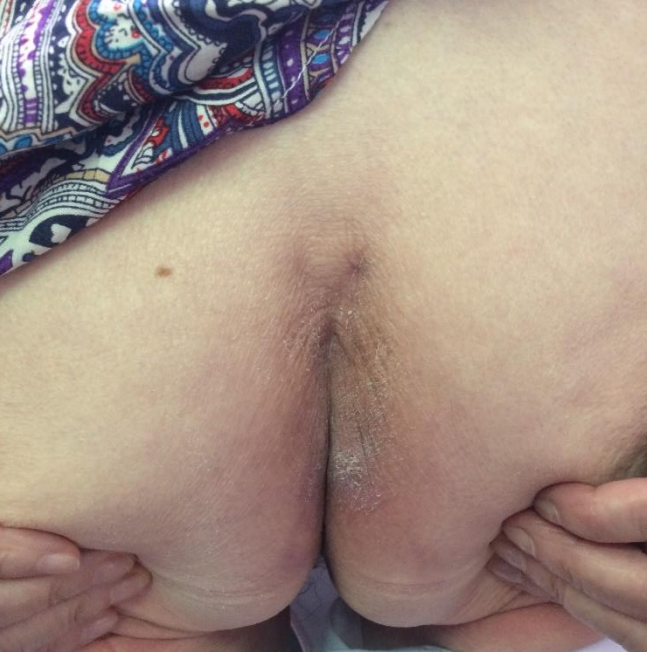
CASOS …

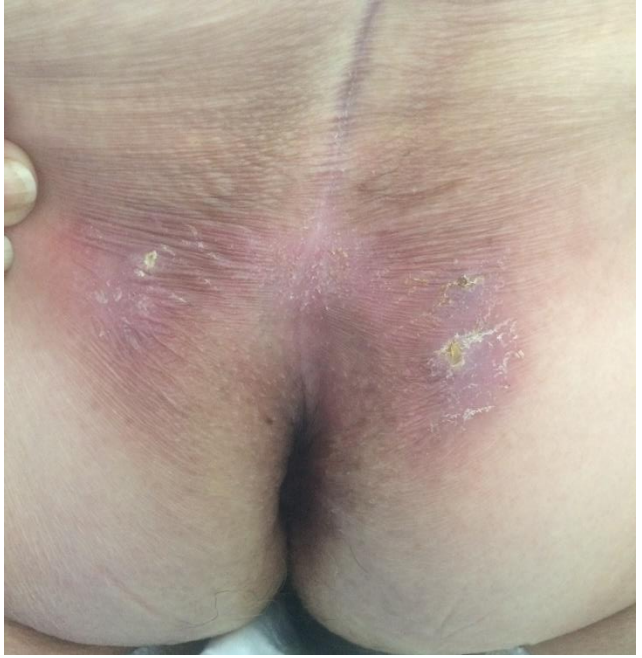
Varios pacientes
Ancianos ,
Lesiones en glúteos.
Molestas y difíciles de manejar …

DX … MANEJO …







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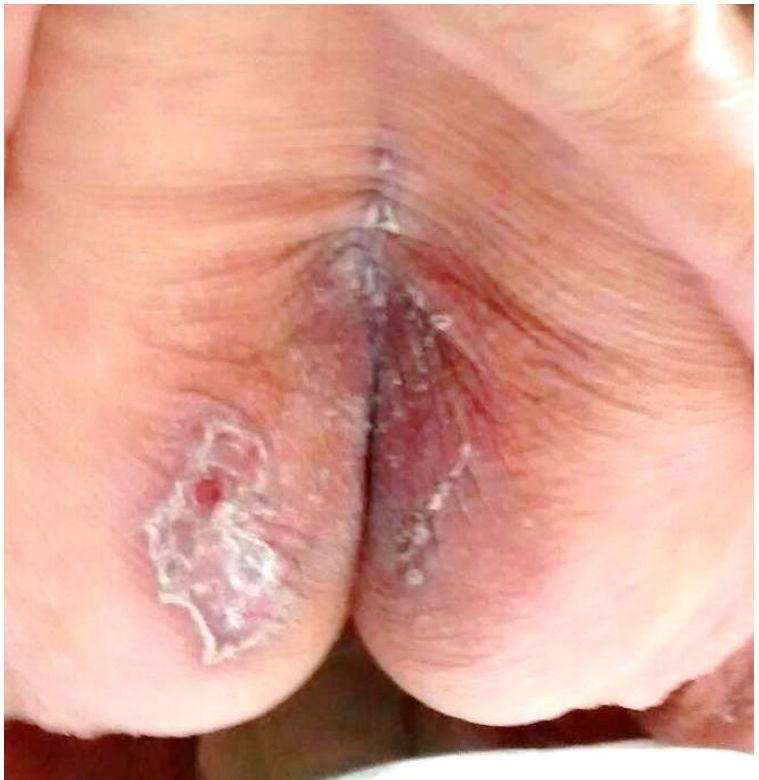

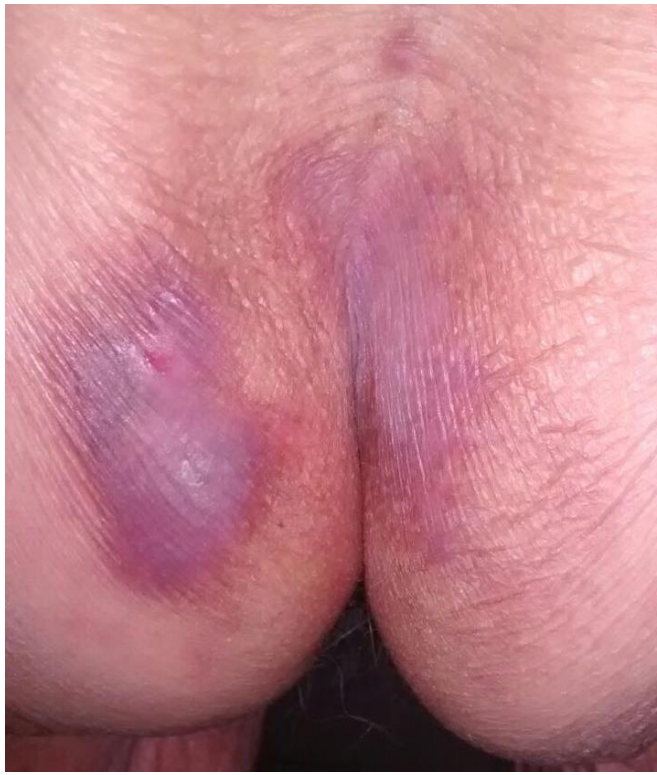

DERMATOSIS GLUTEA SENIL

Dermatosis frecuente que vemos diariamente,
pero que no conocíamos su nombre…

Dermatoses you've probably seen but never heard of
Summer AAD 2017, New York, NY

Case 1

Anneli R Bowen, MD

Diagnosis: Hyperkeratotic and lichenified dermatosis of the gluteal region (senile gluteal dermatosis)

Clinical Features:

- Common dermatosis of the elderly who spend most of the day sitting
- Thin, male:female 130:7
- Itching or pain of varying intensity, may be asymptomatic
- Brownish plaques on the gluteal cleft of the buttocks – 'three corners of a triangle'
- Horizontal hyperkeratotic linear ridges a characteristic sign
- Treatment difficult

Microscopic Features:

- Hyperkeratosis
- Acanthosis
- Follicular plugging
- No amyloid deposits

Main differential diagnoses:

- Anosacral amyloidosis (lichen amyloid)
- Irritant/allergic contact dermatitis
- Lichen simplex chronicus
- Mycosis fungoides

Take Home Message:

This is a common dermatosis of the elderly that has received little attention

Reference:

- Niiyama S, Sakurai S, Katsuoka K. Hyperkeratotic lichenified skin lesion of gluteal region. *J Dermatol* 2006;33:779-82.
- Liu H-N, *et al*. Senile gluteal dermatosis: a clinical study of 137 cases. *Int J Dermatol* 2014;53:51-5.

Showing results for ***senile gluteal dermatosis***. Your search for *SENIL GLUTEAL DERMATOSIS* retrieved no results.

1. [An 87-year-old man with a rough **skin** on his buttocks].
de Jong-Met R, Opstelten W.
Ned Tijdschr Geneeskd. 2015;159:A9292. Dutch.
PMID: 26732208
Similar articles

2. Analysis of clinical features and lifestyle in Korean **senile gluteal dermatosis** patients.
Moon SH, Kang BK, Jeong KH, Shin MK, Lee MH.
Int J Dermatol. 2016 May;55(5):553-7. doi: 10.1111/ijd.12838. Epub 2015 Jul 31.
PMID: 26234159
Similar articles

3. **Senile gluteal dermatosis**: a clinical study of 137 cases.
Liu HN, Wang WJ, Chen CC, Lee DD, Chang YT.
Int J Dermatol. 2014 Jan;53(1):51-5. doi: 10.1111/j.1365-4632.2012.05702.x. Epub 2013 May 15.
PMID: 23675693
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4. **Senile gluteal dermatosis** - a clinicopathologic study of 12 cases and its distinction from anosacral amyloidosis.
Liu HN, Wang WJ, Chen CC, Lee DD, Chang YT.
J Eur Acad Dermatol Venereol. 2012 Feb;26(2):258-60. doi: 10.1111/j.1468-3083.2011.04045.x. Epub
abstract available.
PMID: 22280513
Similar articles

5. Hyperkeratotic lichenified **skin** lesion of **gluteal** region.
Niiyama S, Sakurai S, Katsuoka K.
J Dermatol. 2006 Nov;33(11):779-82.
PMID: 17073993
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INFORMING PRACTICE

February 14, 2014

Sitter's Sign

Mark V. Dahl, MD reviewing Liu H-N et al. Int J Dermatol 2014 Jan.

Hyperkeratotic lichenified skin lesion of the gluteal region is a cumbersome name that describes the condition very well.

Elderly men often develop rough skin near the gluteal fold associated with immobility. This disorder is called senile gluteal dermatosis (SGD) or hyperkeratotic lichenified skin lesion of the gluteal region. (The latter name, although more cumbersome, describes the disorder well.) Poorly defined brown to grey plaques develop slowly on the gluteal cleft and, often, also on the adjacent buttocks. These may be asymptomatic or tender when sitting, but sometimes they itch instead. Researchers in Taiwan set out to study the incidence and predisposing and provoking factors of this disorder.

"Signo del que se sienta"

International Journal of Dermatology

Report

Senile gluteal dermatosis: a clinical study of 137 cases

Abstract

Background Senile gluteal dermatosis (SGD) is a common genital dermatosis but has gained little attention before. A large-scale clinical study of this disease is lacking.

Materials and methods We examined 162 consecutive outpatients with gluteal skin diseases of different causes. Fourteen skin biopsies were performed. Patient's age, gender, body mass index (BMI), way of sitting or lying, treatment response, and underlying systemic diseases were recorded.

Results About 137 (85%) patients could be defined as SGD. These patients, with a mean age of 79.4 ± 40.7 years and a mean BMI of 21.7 ± 10.8, presented with either partial (n = 43, 31%) or full-blown (n = 94, 69%) SGD lesions characterized by the sign of so-called "three corners of a triangle": brownish plaques on the gluteal cleft and each side of the buttocks. Male/female ratio was 130/7. Itching or pain of varying intensity was reported by 50 patients (36%) and 14 patients (10%), respectively. Eighty-six patients (53%) presented with horizontal hyperkeratotic ridges, a characteristic sign of SGD. Most patients spent most of the day sitting but reported no special way of sitting or lying. More than half of patients with SGD claimed no response to topical steroids and/or keratolytics. In comparison with patients with SGD, SGD-free patients were younger (61.3 ± 36 years, P = 0.0005) and heavier (BMI 26.2 ± 15.6, P < 0.0001) but showed no significant difference in the frequency of underlying systemic diseases.

Conclusions SGD is a common dermatosis, mostly affecting the thinner elderly. Friction, pressures and long hours sitting seemed to be important factors to trigger this dermatosis.

"..Senile gluteal dermatosis (SGD) was first reported in Japan in 1979 as hyperkeratotic lichenified skin lesions of the gluteal cleft and seemed to be a common genital dermatosis, but there has been limited reporting in the West as well as minimal presence in major dermatology textbooks."

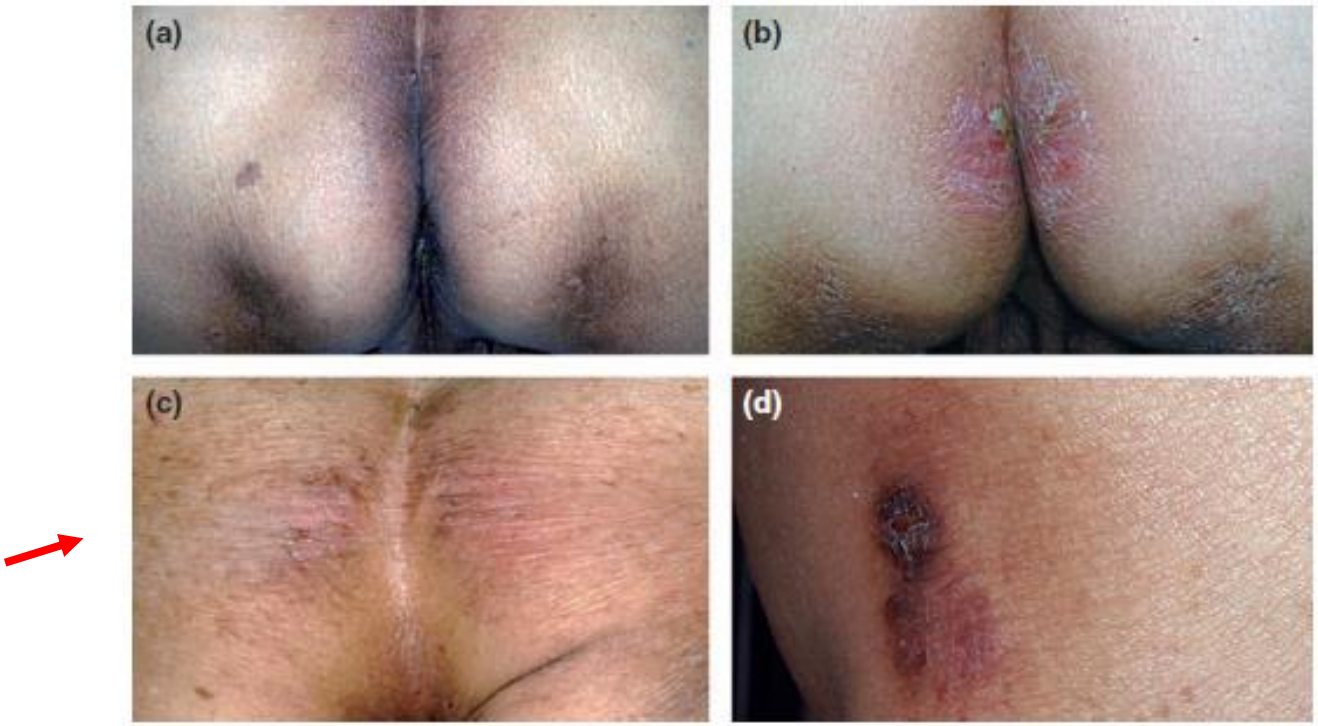
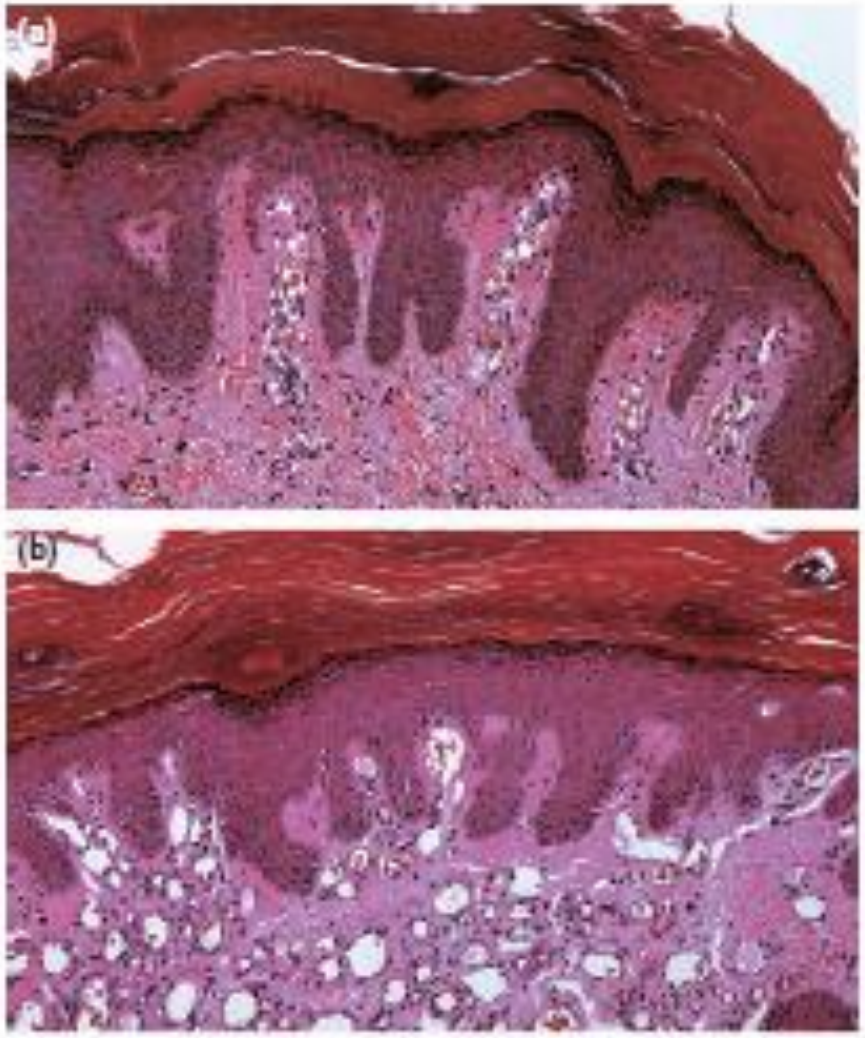


Figure 1 The skin manifestations of SGD. (a) The dominant clinical feature was brownish to darkish scaly plaques on the gluteal cleft and both sides of the buttocks, assuming a pattern of three corners of a triangle. (b) More inflamed type of SGD with multiple erosions. (c) Horizontal hyperkeratotic ridges were noted on the sacral skin lesion. (d) One patient showed a concomitant skin lesion on the hips corresponding with greater trochanter



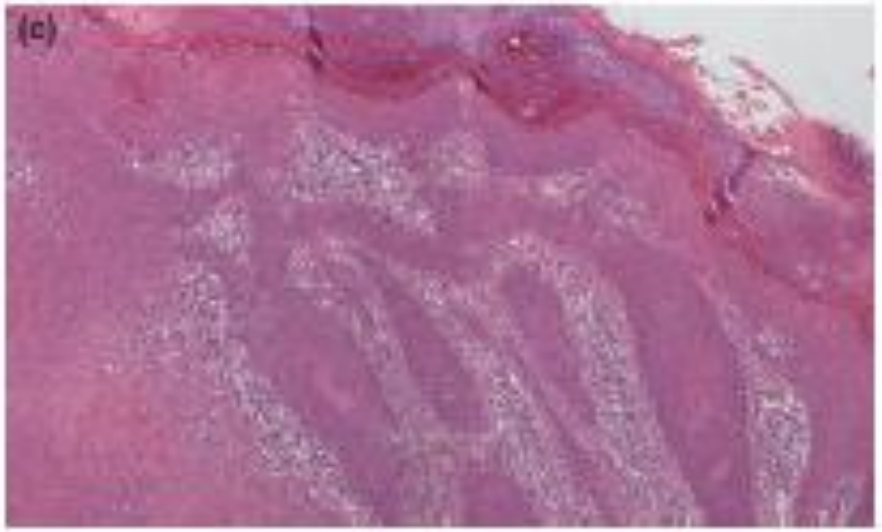


Figure 2 The histopathology of SGD. (a) In most cases, psoriasiform hyperplasia, vascular dilatation in the papillary dermis and sparse lymphohistiocytic infiltration were noted. (b, c) In more advanced cases, additional changes were found: papillary dermal edema, small-vessel dilatation/proliferation extending down to the reticular dermis and dense lymphohistiocytic infiltration (H&E × 100)

HX POCO ESPECIFICA …

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