

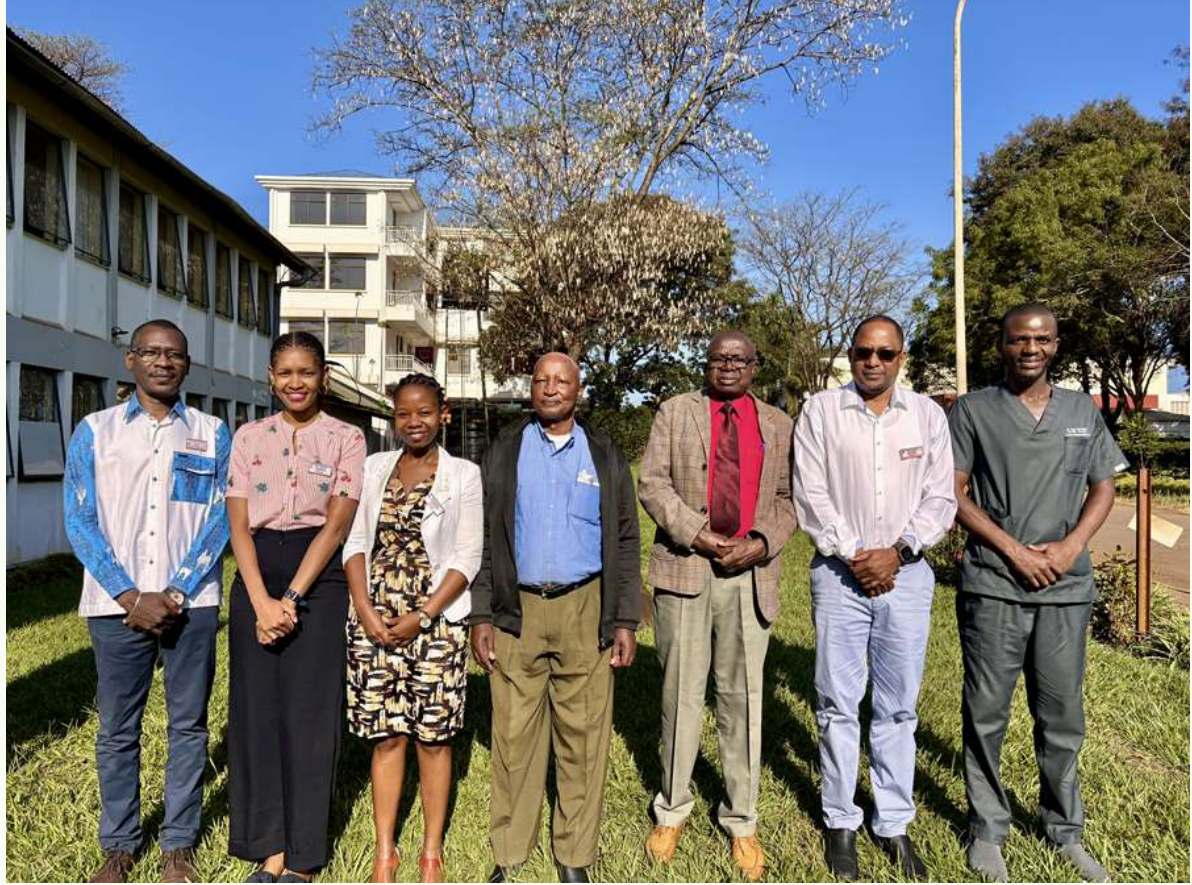
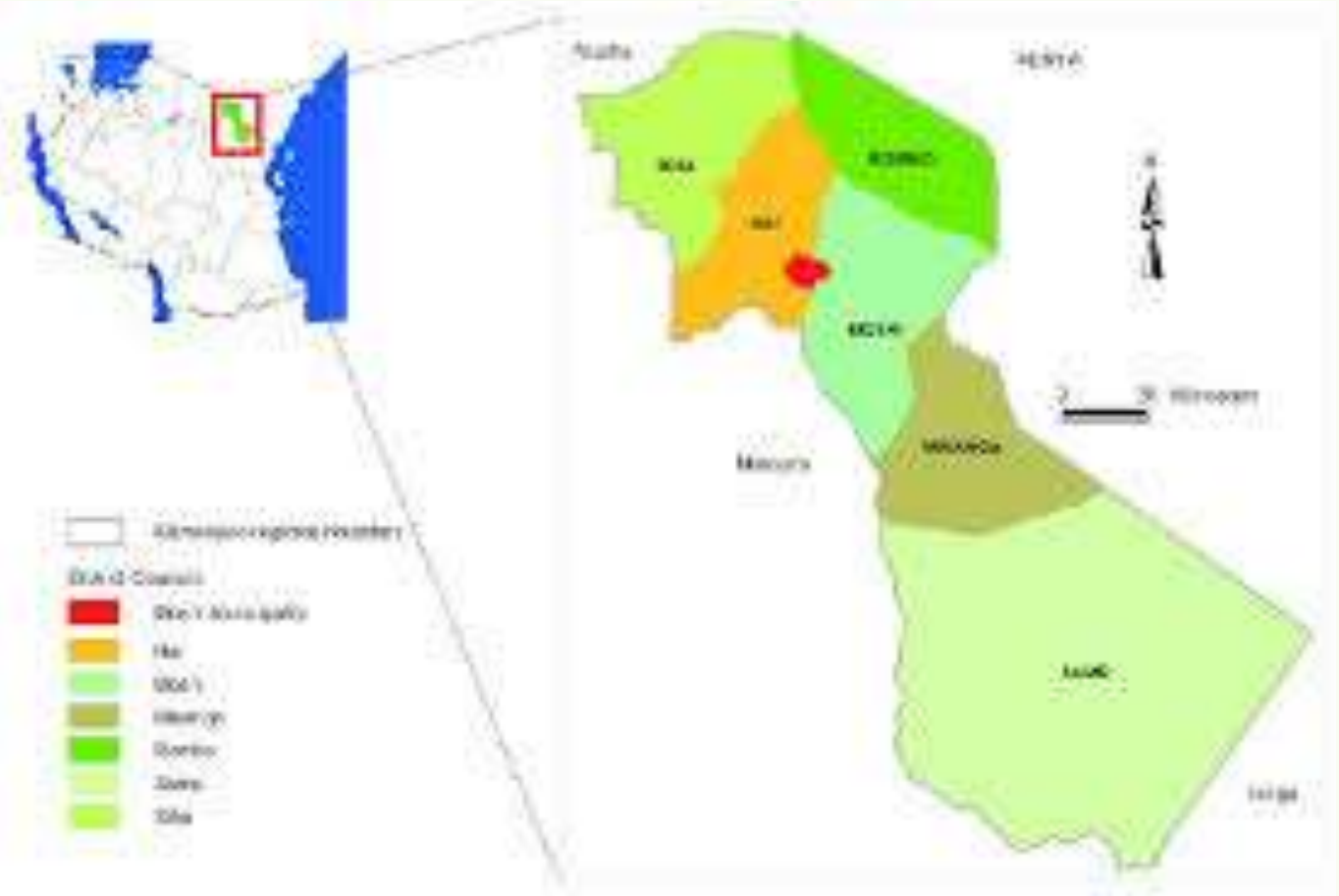
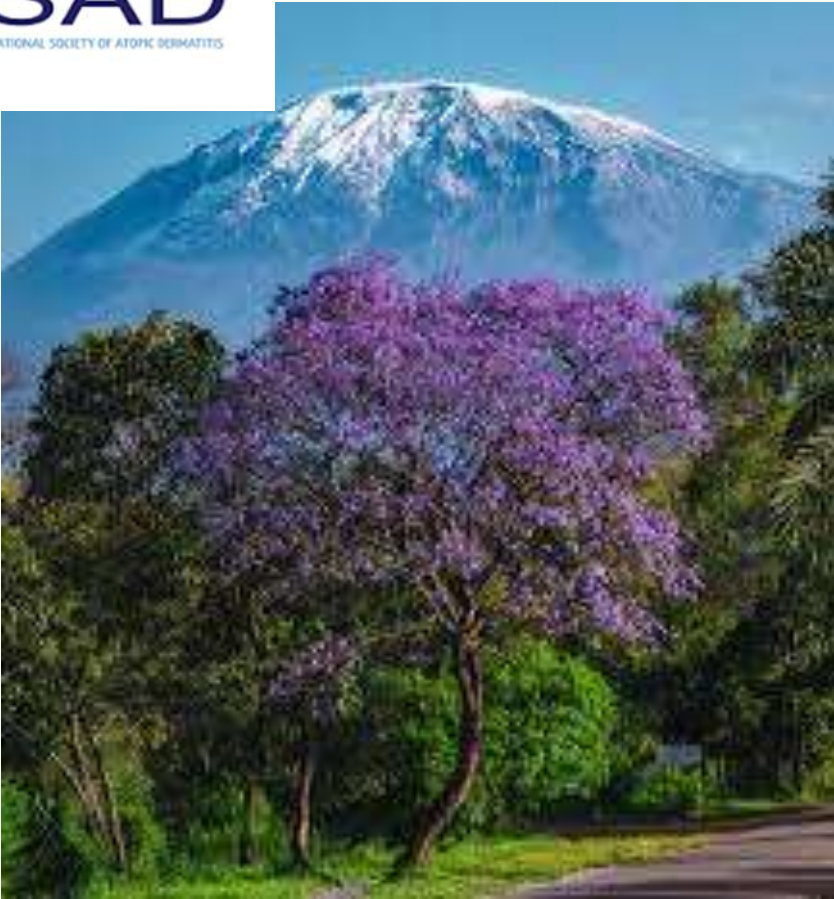


15th Georg RAJKA
International Symposium on Atopic Dermatitis
24-26 OCT 2025 AUSTRALIA
Memory, History and Retelling

DIAGNOSTIC CHALLENGES OF ATOPIC DERMATITIS IN THE ELDERLY AFRICAN POPULATION: A CASE SERIES HIGHLIGHTING MISMANAGEMENT AND CLINICAL MIMICS.

[Gloria Elisante MASENGA](#)¹, Muzna Khalfan MASOUD¹, Daudi Rajabu MAVURA¹, Ousmane FAYE², Peter SCHMID-GRENDELMEIER³

1. Dermato-Venereology, Regional Dermatology Training Center at KCMC, Moshi, Tanzania,
2. Dermatology, University of Sciences, Technics and Technologies, Bamako, Mali,
3. Allergy unit department of Dermatology, University hospital of Zurich, Zurich, Switzerland



Outline:

- [Introduction](#)
- [Case description 1](#)
- [Case description 2](#)
- [Case description 3](#)
- [Discussion](#)
- [Conclusion](#)
- [Acknowledgements](#)

Introduction:

- Atopic Dermatitis (AD) in the elderly is under recognized globally and particularly underdiagnosed in African populations.
- Clinical features often deviate from classical patterns and may resemble other dermatoses such as fungal infections, scabies, or impetigo. In darker skin, inflammation may be subtle, further complicating diagnosis.
- widespread access to over-the-counter (OTC) medications and the cultural use of herbal or traditional remedies often obscure clinical presentation, delay accurate diagnosis, and promote inappropriate treatments.



CASE 1:

A 74-year-old woman presented with hyperpigmented, thickened, and excoriated plaques and nodules on the lower legs and extensor forearms for 2 months. She had received multiple antibiotics and antiseptics, and herbal ointments without relief. A misdirected course of oral steroids was given without diagnosis in the peripheral hospitals

- SCORAD – 64
- ↑ Neutrophil counts
- LFT/RFT – Normal
- Skin Biopsy – Spongiotic dermatitis with collection of neutrophils
- Swab for culture and sensitivity – *S. Aureus* sensitive to Clindamycin
- Patient refused hospitalization despite fever of 38 celcius.



CASE 1:



2 WEEKS POST RX (SCORAD – 52)

- PATIENT EDUCATION
- BV 0.1%
- PROMETHAZINE 25MG NOCTE
- CLINDAMYCIN 300MG TDS
- DAILY MOISTURIZER: VASELINE
- POTASSIUM PERMANAGENET SOAK OD



4 WEEKS POST RX (SCORAD – 32)

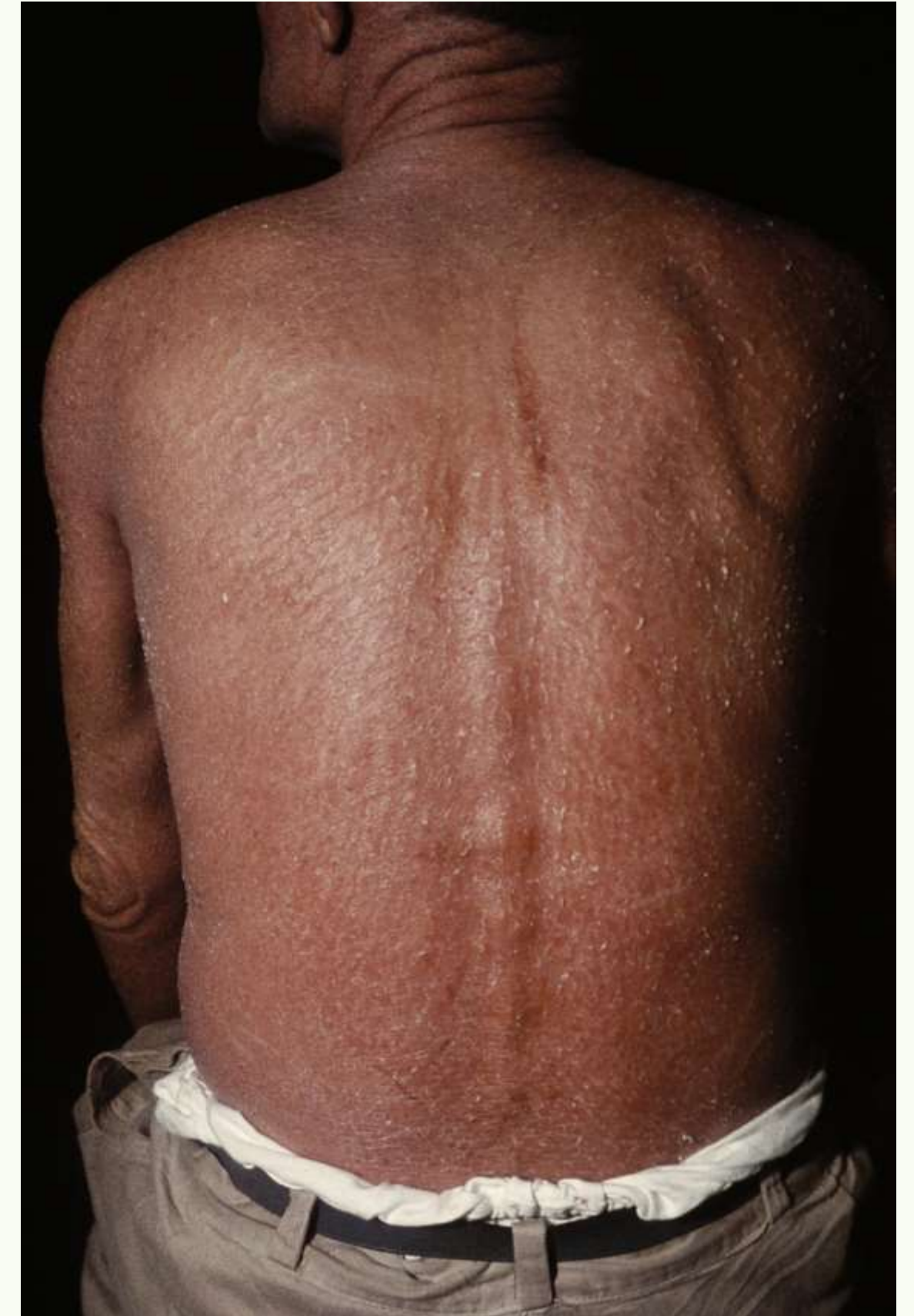
- BV 0.025%
- DAILY MOISTURIZER: VASELINE
- LOST TO F/U?!



Case 2:

A 78-year-old man reported months of itchy rash on the neck, groin, and flexures for 3 weeks. He was treated unsuccessfully for presumed fungal infections, scabies, and allergic reactions in local pharmacies. Use of herbal soaps exacerbated his condition.

- SCORAD – 71
- FBP/RFT/LFT – Normal range
- Multiple skin biopsies – Spongiotic dermatitis no features of CTCL



Case 2:



- 6 WEEKS POST RX SCORAD - 26
- PATIENT EDUCATION
 - HOSPITALIZED 3/52, F/U 3 WEEKS OPD
 - TCS BV
 - MOSITURIZER: VASELINE
 - MTX: 15MG WEEKLY
 - FA 5MG WEEKLY
 - PROMETHAZINE 25MG NOCTE



Case 3:

A 82-year-old hypertensive woman suffered from widespread pruritus, prurigo like nodules and lichenified plaques for 5 months. Prior treatments included OTC antifungals, antibiotics, herbal oils, and unmonitored systemic steroids.

SCORAD – 58

- FBP - ↑ Neutrophil
- Patch test after 2/52



Case 3:

MANAGEMENT:

- PT EDUCATION
- HOSPITALIZED BUT ABSCONDED IN 4/7
- BV 0.1% CREAM
- FLUCAMOX TABS
- PP WET SOAKS
- PROMETHAZINE 25MG NOCTE

LOST TO FOLLOW UP:

- Finances
- Distance to nearest health facility
- Low dermatology:patient ratio
- ? Intergrating CAM in our general dermatology practice



Discussion:

These cases reflect a broader trend in low-resource African settings, where elderly patients often endure prolonged suffering due to misdiagnosis of AD. Factors contributing to delay include:

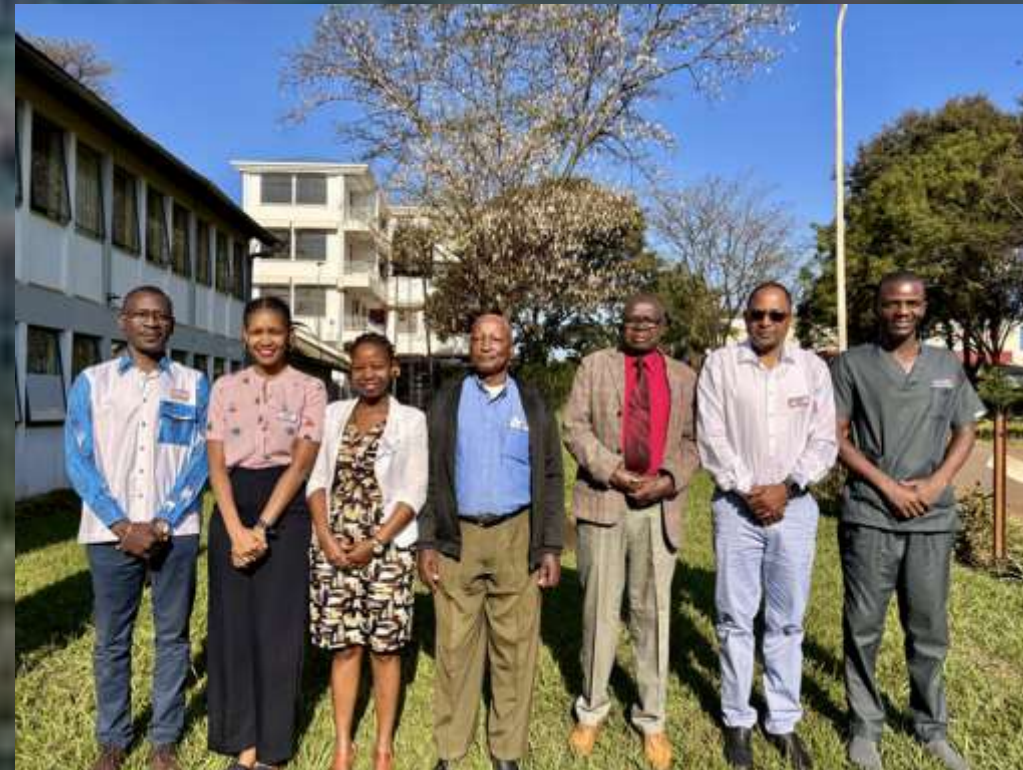
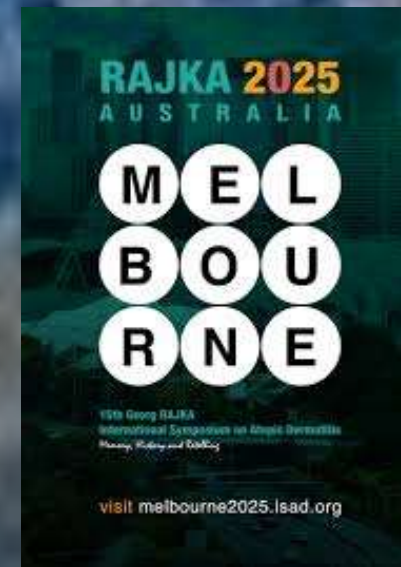
- Atypical clinical patterns in aging skin
- Subtle erythema in darker skin tones
- Reliance on unregulated OTC drugs and culturally accepted traditional remedies
- Limited dermatologic training at primary healthcare levels
- Financial constraints

In all three cases, patients experienced resolution only after AD was considered and treated with basic but targeted interventions—emollients, appropriate topical corticosteroids, and skin care education.

Conclusion:

Atopic Dermatitis in elderly African populations is often overlooked, misdiagnosed, and worsened by self-treatment. Early recognition in patients with chronic pruritus is essential. Improving diagnostic capacity, educating frontline providers, and curbing inappropriate treatments are vital to better care in this vulnerable group.

Acknowledgements:



ASANTE

