

Quality of Life of Seborrheic Keratosis Patients

Imam Budi Putra¹, Nelva Karmila Jusuf¹, Evita Lourdes Pinem^{2*}

¹Department of Dermatology and Venereology, Faculty of Medicine,
Universitas Sumatera Utara, Indonesia

²Postgraduate Study of Dermatology and Venereology, Faculty of Medicine,
Universitas Sumatera Utara, Indonesia

DOI: 10.29322/IJSRP.10.01.2020.p9724

<http://dx.doi.org/10.29322/IJSRP.10.01.2020.p9724>

Abstract- Background: Seborrheic keratosis is a benign epidermal tumor that has various clinical appearances. Seborrheic keratosis are found on all area of the body except on the palm and sole, located mostly on the face and upper trunk. Lesions are often unattractive and serve as negative psychological connotations—daily reminders of aging. **Objective:** To determine the quality of life in subjects with seborrheic keratosis. **Methods:** This research was a descriptive study with cross-sectional design involving 100 subjects with seborrheic keratosis. Each subject answered Skindex-29 questionnaires and the the answers were assessed. **Results:** Quality of life in most subjects with seborrheic keratosis was very high quality of life with value of Skindex-29 in the amount of ≤ 5 (71 %), followed by high quality of life with value of Skindex-29 in the amount of 6-17 (27%), and at least having moderate quality of life with value of Skindex-29 in the amount of 18-36 (2%). **Conclusion:** Quality of life in most subjects with seborrheic keratosis was very high quality of life.

Index Terms- seborrheic keratosis, skindex-29, quality of life.

I. INTRODUCTION

Seborrheic keratosis is a benign epidermal tumor that has various clinical appearances.¹⁻³ Seborrheic keratosis are found on all area of the body except on the palm and sole, located mostly on the face and upper trunk. The most clinical appearance is superficial verrucose plaque that looks stuck on the epidermis with various colours from tan to black colour.⁴ Lesions are often unattractive and serve as negative psychological connotations—daily reminders of aging. Many patients want to remove the seborrheic keratosis for cosmetic reason, especially with multiple lesions.⁵⁻¹¹

In the last decade, there is an increasing interest to asses quality of life of patients with skin diseases and increasing development of quality of life method.^{12,13} Skin diseases are the the most cause for morbidity because of clinical sign appearances.¹² Patients may complain itch, uncomfortable, and the other severe symptom. Skin disease can cause worry, depression, angry, shame that can cause social isolation, and interference in the work.^{12,14}

WHO defines quality of life as individuals perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging

concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment.^{15,16} Quality of life correlates with health-related quality of life reflect patient evaluation to disease and treatment for physic function, psychologic, social and health. Skindex-29 is HRQL instrument that designed to measure the impact of skin disease in patient's life.^{16,17}

No study was done before about seborrheic keratosis impact to quality of life of the patient by used skindex-29, so researcher wanted to know and asses quality of life seborrheic keratosis' patient. This study aimed to find quality of life's spectrum of the seborrheic keratosis patients. Special purpose was to asses quality of life to subjects that suffered from seborrheic keratosis based on age, sex, and periode suffered from disease.

II. MATERIAL AND METHODS

This research is descriptive study with cross sectional design. Research had done in December 2015 until February 2016 in Medan involving 100 subjects with seborrheic keratosis that fulfilled inclusion and exclusion criteria and collected samples with consecutive sampling method. Each subject answered Skindex-29 questionnaires and the answers were assessed.

Ethical Approval

The protocol of this study was approved by The Health Research Ethical Committee, University of Sumatra Utara/H. Adam Malik General Hospital, Medan, Indonesia.

III. RESULT

In this research subject characteristics were based on age, sex, ethnic group, education, occupation, marital status and periode suffered from the disease. The most subjects that had seborrheic keratosis were at age group 41-50 years old (33%), followed by age group 51-60 years old (31%), seen in table 1.

Table 1. Distribution of subjects according to age.

Age	n	%
>40	9	9,00
41-50	33	33,00
51-60	31	31,00
61-70	21	21,00
>70	6	6,00
Total	100	100,00

The most subjects that suffered from seborrheic keratosis were women (55%), followed by male (45%), seen in table 2.

Table 2. Distribution of subjects according to sex.

Sex	n	%
Female	55	55,00
Male	45	45,00
Total	100	100,00

The most subjects that suffered from seborrheic keratosis were Bataknese (55%), followed by Javanese (6%), seen in table 3.

Table 3. Distribution of subjects according to ethnic groups.

Ethnic group	n	%
Bataknese	94	94,00
Javanese	6	6,00
Melayu	0	0,00
The other	0	0,00
Total	100	100,00

Based on education, the most subjects that suffered from seborrheic keratosis had bachelor/ post graduate degree (38%), followed by senior high school (31%), diploma degree (15%), junior high school (11%), and elementary school (5%), seen in table 4.

Table 4. Distribution of subjects according to education

Education	n	%
Undergraduate/postgraduate	38	38,00
Diploma	15	15,00
Senior high school	31	31,00
Junior high school	11	11,00
Elementary school	5	5,00
Total	100	100,00

The most subjects that suffered from seborrheic keratosis were farmers (55%), followed by civil servants (20%), private employees (15%), and midwife (13%), seen in table 5.

Table 5. Distribution of subjects according to occupation

Occupation	n	%
Civil servant	20	20,00
Military	1	1,00
Private employees	15	15,00
Entrepreneur	9	9,00
Farmer	31	31,00
Labour	1	1,00
Pension	10	10,00
Midwife	13	13,00
Total	100	100,00

From table 6, the distribution of subjects based on marital status where all subject had married (100%).

Table 6. Distribution of subjects according to marital status

Marital status	n	%
Single	0	0
Married	100	100,00
Total	100	100,00

The highest proportion of disease's duration was less than or equal to 10 years (50%), followed by 11-20 years (34%), 21-30 years (14%), and more than 30 years (2%) (table 7).

Table 7. Distribution of subjects according to duration of seborrheic keratosis

Duration (years)	n	%
≤ 10	50	50,00
11-20	34	34,00
21-30	14	14,00
> 30	2	2,00
Total	100	100,00

Based on Skindex-29 Scoring, the quality of life in seborrheic keratosis patients was predominantly score ≤ 5 (very high) in 71% patients, followed by score 6-17 (high) in 27% patients, and score 18-36 (moderate) in 2% patients (table 8).

Table 8. Skindex-29 Quality of life of subjects who experienced seborrheic keratosis according to the value of Skindex-29.

Skindex-29 score	Quality of life	n	%
≤ 5	Very high	71	71,00
6 – 17	High	27	27,00
18 – 36	Moderate	2	2,00
≥ 37	Low	0	0,00
Total		100	100,00

The quality of life of seborrheic keratosis patients based on ages were score ≤ 5 (very high) predominantly in age group 41-50 years (26%), score 6-17 (high) predominantly in age group

51-60 years (9%), score 18-36 (moderate) predominantly in age group 51-60 and >70 years (1%), and score ≥ 37 (low) was none (table 9).

Table 9. Quality of life of subjects who got seborrheic keratosis according to age

Age	≤ 5 (very high)		6-17 (high)		18-36 (moderate)		≥ 37 (low)		Total	
	N	%	n	%	n	%	N	%	n	%
≤ 40	8	8,00	1	1,00	0	0,00	0	0	9	9,00
41-50	26	26,00	7	7,00	0	0,00	0	0	33	33,00
51-60	21	21,00	9	9,00	1	1,00	0	0	31	31,00
61-70	14	14,00	7	7,00	0	0,00	0	0	21	21,00
> 70	2	2,00	3	3,00	1	1,00	0	0	6	6,00
Total	71	71,00	27	27,00	2	2,00	0	0	100	100,00

The quality of life of seborrheic keratosis patients based on gender was predominantly score ≤ 5 (very high) in 35% female and in 36% male (table 10).

Table 10. Quality of life of subjects who got seborrheic keratosis according to gender

Sex	Skindex-29 score								Total	
	≤ 5 (very high)		6-17 (high)		18-36 (moderate)		≥ 37 (low)		N	%
	N	%	N	%	N	%	n	%	N	%
Female	35	35,00	18	18,00	2	2,00	0	0,00	55	55,00
Male	36	36,00	9	9,00	0	0,00	0	0,00	45	45,00
Total	71	71,0	27	27,00	2	2,00	0	0,00	100	100,00

The quality of life of seborrheic keratosis patients based on duration of disease was predominantly in duration ≤ 10 years with Skindex-29 score ≤ 5 (43%) and followed by duration 11-20 years with Skindex-29 score ≤ 5 (24%), seen in table 11.

Table 11. Quality of life of subjects according to duration of disease

Duration	Skindex-29 score								Total	
	≤ 5 (very high)		6-17 (high)		18-36 (moderate)		≥ 37 (low)		N	%
	N	%	N	%	N	%	n	%	N	%
≤ 10	43	43,00	7	7,00	0	0,00	0	0,00	50	50,00
11-20	24	24,00	10	10,00	0	0,00	0	0,00	23	23,00
21-30	4	4,00	9	9,00	1	1,00	0	0,00	11	11,00
> 30	0	0,00	1	1,00	1	1,00	0	0,00	2	2,00
Total	71	71,00	27	27,00	2	2,00	0	0,00	100	100,00

IV. DISCUSSION

The most subject that had seborrheic keratosis was at group 41-50 years old (33%). A Study in Korea with 303 male 40-70 years old showed seborrheic keratosis prevalency 88 % which increased 79 % at age 40 years old until 99 % for more than 60 years.⁷ A study in Australia found at least 1 seborrheic keratosis at 83% non dermatology patient 35-76 years old. Generally known that the prevalence of seborrheic keratosis increases with age, but can be found in the young. In this study, the majority of subjects who experienced a seborrheic keratosis is found in the age group 41-50 years (33%), because in this age group were most disturbed by the appearance of facial and body cosmetic problems. By sex, subjects with seborrheic keratosis majority were women (55%), compared with men (45%).

Australian study examined the prevalence of seborrheic keratosis with 170 patients and found no significant differences between men and women, although found slightly found increased number of women (26%: 21%).⁵

Distribution of subjects according to ethnic were Batakese (94.00%). Hafner and Vogt said that seborrheic keratosis rarely found in blacks and native Americans, but dermatosis Papulosa nigra, a variant of seborrheic keratoses are common among people with black skin.⁵ Education level of the subject of research is the level of undergraduate / postgraduate (38%). The most occupation of the subjects were farmers (31%). Gefilem et al study found that from 478 patients with tumors of the skin verruca vulgaris and seborrheic keratosis, 126 patients (26.36%) were housewives, and 105 patients (21.97%) were students.¹⁴ Based on the marital status of subjects with seborrheic keratosis in showed that all the subjects were married

100 (100%). Based on the period that suffered from seborrheic keratosis majority of subjects had experienced seborrheic keratosis ≤ 10 years as many as 50 (50%). Baykal and Yazganoglu stated that seborrheic keratosis patients usually do not remember exactly when it started having seborrheic keratosis, except for the rapid development and a lot of the cases on the basis of internal malignancy.²

The quality of life of subjects who had keratosis seborrheic based on the Skindex-29 value obtained the majority of the subjects had a quality of life is very high (71%) with a value Skindex-29 at ≤ 5 , followed by a high quality of life (27%) with the value Skindex-29 at 18-36, then the quality of life medium (2%) with a value Skindex 6-17.

V. CONCLUSION

This study demonstrated that the most quality of life of the seborrheic keratosis patients had very high quality of life.

REFERENCES

- [1] Thomas VD, Snively NR, Lee K, Swanson NA. Benigna epithelial tumors, hamartomas, and hyperplasia. In: Goldsmith LA, Katz SI, Gilchrist BA, Paller AS, Leffell DJ, Wolff K, editor. Fitzpatrick's Dermatology in General Medicine. 8th Edition. New York: McGraw-Hill; 2012: p. 2166-70
- [2] Baykal C, Yazganoglu. Benign epidermal tumors. In: Clinical Atlas of Skin Tumors. New York: Springer, 2014: p. 3-22
- [3] Rapini RP. Epithelial neoplasms. Dalam: Rapini RP, editor. Practical Dermatopathology. Elsevier; 2012: 264-8
- [4] Weedon D, Marks R, Kao GF, Harwood CA. Keratinocytic tumours: Introduction. In: LeBoit PE, editor. World health organization of tumours: Pathology and genetics of skin tumours. IARC Press: Lyon 2006: p. 41-3
- [5] Hafner C, Vogt T. Seborrheic keratosis. JDDG. 2008; 8: 664-77
- [6] Tejada CS, et al. Impact on the quality of life of dermatological patients in southern Brazil. An Bras Dermatol. 2011;86(6):1113-21.
- [7] Chren MM. The Skindex Instruments to Measure the Effects of Skin Disease on Quality of Life. Dermatol Clin. 2012; 30(2): 231-6

- [8] Verhoeven EWM, Kraaimat FW, Kerkhof PCM, Weel CV, Duller P, Valk PGM, et al. Prevalence of physical symptoms of itch, pain and fatigue in patients with skin disease in general practice. BJD 2007; 157: 1346-9
- [9] Farshi MG, Sharifi HP, Rad MA. The Relationship between Self-Esteem, Mental Health and Quality of Life in Patients with Skin Diseases. Asian J Med Pharm. 2013; 3(2): 50-4.
- [10] Both H, et al. Critical Review of Generic and Dermatology-Specific Health-Related Quality of Life Instruments. Journal of Investigative Dermatology. 2007; 127: 2726-39.
- [11] Prinsen CAC, et al. Interpretation of Skindex-29 Scores: Response to Sampogna and Abeni. Journal of Investigative Dermatology. 2012; 132: 1500-1.
- [12] Kwon OS, Hwang EJ, Bae JH, Park HE, Lee JC. Seborrheic keratosis in the Korean males: causative role of sunlight. Photodermatol. Photoimmunol. Photomed. 2003; 19: 73 – 80
- [13] Gefilem GA, Suling PL, Kapantouw MG. Profil tumor jinak kulit di poliklinik kulit dan kelamin RSUP Prof. Dr. R. D Kandou Manado periode 2009 – 2011. Dermatovenereology Faculty of Medicine University of Sam Ratulangi Manado.

AUTHORS

First Author – Imam Budi Putra, Department of Dermatology and Venereology, Faculty of Medicine, Universitas Sumatera Utara, Indonesia

Second Author – Nelva Karmila Jusuf, Department of Dermatology and Venereology, Faculty of Medicine, Universitas Sumatera Utara, Indonesia

Third Author – Evita Lourdes Pinem, Postgraduate Study of Dermatology and Venereology, Faculty of Medicine, Universitas Sumatera Utara, Indonesia

Correspondence Author – IB Putra, Department of Dermatology and Venereology, Faculty of Medicine Universitas Sumatera Utara, Indonesia, e-mail: imam_65@yahoo.com