

Recliner Butt

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An 89-year-old male veteran with a history of obesity (body mass index, 33), osteoarthritis, anemia, pulmonary embolism, and urinary incontinence presented for evaluation of gluteal skin lesions (Figure). The patient had poor mobility and spent most of the day in a recliner chair. He also slept in the recliner due to chronic dyspnea and orthopnea.

The gluteal region demonstrated purplish discoloration with blanchable erythema and superficial ulcerations. The affected area was not pruritic and had remained unchanged for 3 months.

A punch biopsy of the discolored gluteal area was performed. Histopathologic examination revealed hyperkeratosis, orthokeratosis, irregular acanthosis, and mild spongiosis. Vascular proliferation and papillary dermal edema were also noted.

What is your diagnosis?

- A) Chronic lichen sclerosus
- B) Stage 2 pressure injury
- C) Deep tissue injury
- D) Incontinence-associated dermatitis
- E) Senile gluteal dermatosis

DIAGNOSIS

Senile gluteal dermatosis (SGD). SGD is a friction-related skin injury, also known as recliner butt, chronic tissue injury, or grandfather's disease.¹⁻⁴ The hallmarks include blanchable erythematous plaques and/or purplish discoloration of the fleshy part of the buttocks or posterior thighs, with little to no change over months to years. Additional findings may include skin erosions, lichenification, and ridging. SGD is most commonly seen in older adults with impaired mobility who spend prolonged periods in a reclined position, particularly those who slide down in a chair, "scoot," or drag the buttocks during transfers or repositioning.

The pathogenesis of SGD is thought to involve microischemia associated with prolonged sitting.⁴ Histopathologic findings are nonspecific



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and may include hyperkeratosis, psoriasiform epidermal hyperplasia, vascular dilatation or proliferation in the superficial dermis, and reactive lymphohistiocytic perivascular infiltrate.⁴

The condition is poorly recognized and is likely underreported. Treatment involves reducing frictional injury by avoiding the reclined position, minimizing sliding during transfers, and frequent repositioning. Petroleum-based ointments may be applied to reduce friction and protect the skin barrier. Heat-dissipating chair cushions can be used to offload pressure and improve the local microclimate. Friction-related skin injuries need to be differentiated from pressure injuries, in which pressure and shear are the driving forces, and lesions are located over bony prominences.

Unlike SGD, chronic lichen sclerosus typically occurs in the anogenital area, including the scrotum and vulva, and is typically intensely pruritic, with white, atrophic plaques.

A stage 2 pressure injury is characterized by an area of partial-thickness skin loss with exposed dermis, usually overlying a bony prominence. Although friction-related skin

injuries may contain erosions, they are often maroon or purple and are not located over a bony prominence.

Deep tissue injury (DTI) is characterized by nonblanchable dark red or purple skin discoloration, with intact or nonintact skin. While friction injuries may mimic DTIs, they lack the characteristic anatomic location over a bony prominence and the predictable evolution pattern seen in DTIs.

Incontinence-associated dermatitis (IAD) results from prolonged exposure to urine and/or feces and presents with erythema, inflammation, and epidermal erosion. Although IAD can look similar or coincide with SGD, the affected area is typically red, not purple. Skin ridging and lichenification are also not seen in IAD cases.

Sedentary behavior is prevalent among older adults, with nearly 60% spending > 4 hours per day sitting.⁵ Prolonged sitting puts them at risk for friction-related skin injuries. Even though friction-related skin injuries are typically nonprogressive, these patients are also at risk for pressure injuries that are typically acquired in a sitting position (eg, ischial and sacrococcygeal). Therefore, it is imperative that clinicians not only address SGD but also implement a pressure injury prevention plan.

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Ethics and consent

The patient consented to publish his image. A written patient consent was obtained.

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