

Lupus issues - discoid lupus

Discoid lupus erythematosus (DLE) is a chronic skin condition that appears as reddened and round scaly patches that tend to develop in sun-exposed areas such as the face and hands. Sometimes, extensive lesions can develop across other areas of the body including the neck and upper back.

It is unclear whether discoid lupus is a separate disease or a milder version of systemic lupus erythematosus (SLE), which can affect any of the body's organs or tissues. Around five per cent of people with discoid lupus go on to develop SLE and around 20 per cent of people with systemic lupus develop discoid lupus.

There is no cure, but the skin lesions can be managed with medication and by avoiding exposure to sunlight.

Symptoms

The symptoms of discoid lupus may include:

- Reddened, scaly and round lesions on the skin
- Sun-exposed areas, such as the face and back of the hands, are the most common sites
- Other areas that may be affected include the neck and upper back
- Permanent bald patches (scarring alopecia), if the scalp is affected
- Scars or discoloured patches left by the lesions after they heal
- Blotching of the skin on the legs (reticulate telangiectasia)
- Chilblains
- Raynaud's phenomenon (reduced blood flow to extremities)
- Joint pains
- Sun sensitivity.

Other lupus skin lesions

Systemic lupus erythematosus can cause a range of skin lesions other than discoid lupus. The other main types of cutaneous (skin) lupus include:

- **Systemic lupus erythematosus** – the most well-known skin lesion that affects around one in three people with SLE is a rash on the malar regions of the face (across the nose and cheeks). That rash looks somewhat like the shape of a butterfly (hence the butterfly logo for lupus groups). However, reddened scaly patches in sun-exposed areas are more common. Around one in five people with SLE develop discoid lupus as well.
- **Subacute cutaneous lupus erythematosus** – this is a comparatively rare form of lupus, characterised by reddened and scaly lesions. These lesions heal without scarring, but leave behind visible blood vessels and discoloured areas of skin.
- **Neonatal lupus erythematosus** – this is a very rare form of lupus. The baby is born with the characteristic skin rash around the eyes or the rash develops within a few months of life. The rash usually resolves by the time the child reaches their first birthday.

The cause is unknown

The cause of discoid lupus erythematosus (DLE) is unknown, but it is known to be an autoimmune disorder. This means that the immune system mistakenly attacks cells of the body. Some research indicates that genes may play a role. Since the cause is unknown, prevention of discoid lupus isn't possible.

Diagnosis

Diagnosis involves differentiating discoid lupus from systemic lupus, as the skin lesions may be the same or very similar. Tests include:

- Physical examination
- Medical history

- Blood tests
- Biopsy of a skin lesion.

Treatment

Treatment options for discoid lupus may include:

- Topical steroid creams, applied to affected areas of skin
- Plastic wrapping of the skin to increase the absorption of steroid creams
- Injections of medication, in the case of exceptionally thick skin lesions that don't respond to creams
- Anti-malarial drugs
- Other medications, such as those used for psoriasis
- Oral steroids or disease-modifying anti-rheumatic drugs (DMARDs), if SLE is also present.

Avoid sun exposure

Staying out of the sun is perhaps the most important thing you can do to manage discoid lupus. The ultraviolet (UV) radiation in sunlight can trigger or worsen an attack. Suggestions include:

- Avoid exposing yourself to direct sunlight whenever possible.
- Cover as much of your skin as you can with clothes such as long-sleeved shirts, trousers, gloves, broad-brimmed hat and so on.
- Always wear sunscreen lotion on all exposed areas of skin when you go outside.
- Choose sunscreens that protect against both UVA and UVB.
- Wear sunscreen even in winter or on cloudy days – any degree of ultraviolet radiation on the skin should be avoided.
- Remember that ultraviolet radiation is not stopped by window glass and is reflected off surfaces like concrete, snow and water.
- Some fluorescent tubes emit ultraviolet radiation.

Wind and cold temperatures may also affect some people with discoid lupus.

Where to get help

- Your doctor
- Dermatologist
- Arthritis Victoria Tel. (03) 8531 8000 or 1800 011 041

Things to remember

- Discoid lupus is a chronic skin condition in which reddened scaly patches develop in sun-exposed areas of the body such as the face and hands.
- It is unclear whether discoid lupus is a separate disease or a milder version of systemic lupus.
- Staying out of the sun is perhaps the most important thing you can do to manage discoid lupus.
- Treatment options include steroid creams applied to the affected areas of skin and anti-malarial medication.

This page has been produced in consultation with, and approved by:

Arthritis Victoria incorporating Osteoporosis Victoria

This Better Health Channel fact sheet has passed through a rigorous approval process. The information provided was accurate at the time of publication and is not intended to take the place of medical advice. Please seek advice from a qualified health care professional.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

Copyright © 1999/2010 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.