



SUBACUTE LUPUS ERYTHEMATOSUS (SCLE)

What are the aims of this leaflet?

This leaflet has been written to help you understand more about subacute lupus erythematosus. It tells you what it is, how it can be treated, and where you can find out more about it.

What is subacute lupus erythematosus?

Lupus erythematosus covers a group of related conditions, all of which can affect the skin. It includes systemic lupus erythematosus, a chronic inflammatory disease affecting many systems of the body. However, there are forms of lupus which chiefly affect the skin, such as [discoid lupus erythematosus](#) and subacute lupus erythematosus.

What causes subacute lupus erythematosus?

Lupus erythematosus is a form of auto-immune disease: the body's immune mechanisms, which are designed to protect against infection, attack the body's own tissues. The precise cause is unknown. It is commoner in women than men. Sun exposure can trigger the rash. Sometimes the condition can be precipitated by drug therapy, including some diuretics (water tablets); however, you should not stop any medication you are on without discussing it with your doctor. The condition is not infectious.

Is subacute lupus erythematosus hereditary?

Sometimes lupus erythematosus and related conditions run in families but this is rare. If you have subacute lupus erythematosus and become pregnant, antibodies from your blood can cross the placenta and affect your baby causing a rash and sometimes a slow heartbeat.

What are the symptoms of subacute lupus erythematosus?

Most people feel fit and well, however some may notice fatigue and weakness, sometimes with flu-like symptoms and aches in the joints - but severe illness is rare.

What does subacute lupus erythematosus look like?

Typically subacute lupus erythematosus affects areas exposed to sunlight, such as the face, the ~~u~~/of the neck, the arms and the upper back. It causes a red and occasionally scaly rash.

How will subacute lupus erythematosus be diagnosed?

Your doctor may be able to make a diagnosis after a clinical examination but in most cases it is necessary to take a small sample of skin (a biopsy) and to examine this under the microscope in order to confirm the diagnosis. Your doctor will probably take a blood test too, as specific antibodies (known as ~~ANA+~~ or ~~Ro~~ and La+) appear to be important in the condition. A routine blood screen may also be carried out.

Can subacute lupus erythematosus be cured?

There is no ~~no~~ instant cure+ for subacute lupus erythematosus, but many treatments are able to help it.

How can subacute lupus erythematosus be treated?

Sun avoidance is essential. Corticosteroid ointments are particularly useful. Other treatments used by dermatologists and reported to be helpful include tacrolimus and pimecrolimus ointments, which can be used together with topical corticosteroids.

Sometimes medicines are also needed by mouth if ointments and sunscreens do not work, or if your general health is affected. The most commonly used are [hydroxychloroquine](#) and [mepacrine](#) - both of which are drugs originally used to treat malaria. A few patients may require other drugs such as [methotrexate](#) or [oral corticosteroids](#).

What can I do?

The most important thing you can do is to protect your skin from sunlight. This doesn't just mean avoiding sunbathing, but you should also reduce your

exposure to the sun when you are out gardening, walking or shopping, playing sports, or even driving your car. Remember that the sun is most intense at mid-day, and can be quite powerful even on a hazy day. Lying under a sunshade does not protect you totally, and sun can be reflected from water and snow.

Sunscreens are useful but there is no such thing as a ~~total sunblock~~. The protection factor given on the packet applies when the sunscreen is applied carefully under laboratory conditions, and measures the protection it gives against short-wave ultraviolet light (also known as UVB). Use a sunscreen with a protection factor of at least 30, that also blocks out long-wave ultraviolet light (UVA), denoted by asterisks (**). If you are out in the sun, repeat the applications of sunscreen regularly, not forgetting your ears, lips (specific lip blocks are available) and the back of your neck, particularly after swimming or if you are perspiring excessively.

Clothing, including hats, can protect against sunlight, but beware! If you hold an article of clothing up to the light, and it lets any light through, then it will let sunlight through as well: a light tee shirt or blouse may not be enough. Fortunately there is a growing range of clothes which feel (and look) cool in hot weather but block out the sun. Some even have ~~sun~~ protection factor numbers.

Laminated car windscreens block out UV, but side windows usually don't. UV-protective plastic film can be obtained to stick on to windows in your car and house.

Finally, if you become pregnant, your baby may be born with a rash or a slow heartbeat as the ENA antibodies are able to cross the placenta. For this reason it is important to let your obstetrician or midwife know that you have subacute lupus erythematosus.

Where can I get more information?

Web links to detailed leaflets:

www.dermnetnz.org/immune/cutaneous-lupus.html

Links to patients support groups:

The patient self-help group Lupus UK supports people with all forms of lupus; it has local branches around the country and arranges regular meetings, as well as supporting research into the condition. For further information contact:

LUPUS UK

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This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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