



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 and 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?

Subacute lupus erythematosus is an auto-immune disease whereby the body's immune system, which protects against infection, may attack some parts of the body. It will usually show itself as a rash. The exact cause however is unknown.

It is more common in women than men, and sunlight (ultraviolet light) can often trigger the rash. Sometimes the condition can be caused by medication, including some diuretics (i.e. water tablets); however, you should not stop any treatment 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 rarely a slow heartbeat.

What are the symptoms of subacute lupus erythematosus?

Most people feel well; however, some people may notice fatigue and weakness, occasionally with flu-like symptoms such as joint aches. Severe illness is rare.

What does subacute lupus erythematosus look like?

Subacute lupus erythematosus usually affects areas exposed to sunlight, such as the face, 'V' of the neck, scalp, arms and 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) to be examined under a microscope in order to confirm the diagnosis. Your doctor will probably also take a blood test, as specific antibodies (known as "ENA" 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 "instant cure" for subacute lupus erythematosus, but many treatments are able to help it.

How can subacute lupus erythematosus be treated?

Avoiding the sun 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 on the skin with 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](#), [acitretin](#) or [oral corticosteroids](#).

Self care (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, you should also reduce your exposure

to the sun when you are out in the garden, 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's ultraviolet rays can be reflected from water and snow.

Top sun safety tips:

- Protect your skin with clothing, and don't forget to wear a hat that protects your face, neck and ears, together with a pair of UV protective sunglasses. Lip blocks are also widely available to protect your lips from the sun.
- Check clothing by holding it up to see if it lets any sunlight through: light summer clothing may not protect. Fortunately, there are plenty of clothes which feel (and look) cool in hot weather but block the sun. Some even have "sun protection factor" numbers.
- Spend time in the shade between 11am and 3pm when it's sunny. Step out of the sun before your skin has a chance to redden or burn. Keep babies and young children out of direct sunlight.
- When choosing a sunscreen look for a high protection SPF (SPF 30 or more) to protect against UVB, and the UVA circle logo and/or 4 or 5 UVA stars to protect against UVA. Apply plenty of sunscreen 15 to 30 minutes before going out in the sun, and reapply every two hours and straight after swimming and towel-drying.
- Sunscreens should not be used as an alternative to clothing and shade, rather they offer additional protection. No sunscreen will provide 100% protection.
- It may be worth taking Vitamin D supplement tablets (available from health food stores) as strictly avoiding sunlight can reduce Vitamin D levels.

Vitamin D advice

The evidence relating to the health effects of serum Vitamin D levels, sunlight exposure and Vitamin D intake remains inconclusive. Avoiding all sunlight exposure if you suffer from light sensitivity, or to reduce the risk of melanoma and other skin cancers, may be associated with Vitamin D deficiency.

Individuals avoiding all sun exposure should consider having their serum Vitamin D measured. If levels are reduced or deficient they may wish to consider taking supplementary vitamin D3, 10-25 micrograms per day, and

increasing their intake of foods high in Vitamin D such as oily fish, eggs, meat, fortified margarines and cereals. Vitamin D3 supplements are widely available from health food shops.

Some people may need to apply special photoprotective window films to the windows of their car and home in order to block out UVA and UVB light. These protective films may stop working and need replacing after about five years. Some car manufacturers offer UV protective glass as standard or as an optional extra, however most car windows do not block UV light. Your dermatologist or a patient support group may be able to advise you about suppliers of UV protective film. The British Photodermatology Group has released a consensus statement on [UV protective films](#).

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 patient 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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For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

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: individual patient circumstances may differ, which might alter both the advice and course of therapy 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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