



## **DISCOID LUPUS ERYTHEMATOSUS**

### **What are the aims of this leaflet?**

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

### **What is discoid lupus erythematosus?**

Discoid lupus erythematosus is an uncommon skin rash, usually made worse by exposure to sunlight. The term 'lupus erythematosus' is applied to a range of related disorders. At one end of the range is systemic lupus erythematosus, which can damage internal organs, whilst right at the other end of the range is 'discoid' lupus erythematosus, which is confined to the skin and does not cause general ill health.

### **What causes discoid lupus erythematosus?**

The cause of discoid lupus erythematosus is not fully understood. One theory is that it is a condition in which the immune system, instead of just acting as a defence against infection, attacks the tissues of the body itself (an autoimmune disease). We all have an immune system. It makes the antibodies that are needed to fight off infections. Normally these antibodies do not attack our own bodies. However, in an autoimmune disease, the immune system makes a mistake and fights our own body instead. The mistake made by the immune system in discoid lupus erythematosus is to view the cells in our skin as 'foreign' and to make antibodies that damage them. These antibodies that attack parts of our own body are called 'autoantibodies'.

Most patients find their rash gets worse in sunlight and may be triggered by sunshine. The condition is not infectious and not due to food allergy. It can affect either sex, at any age; young women are the group of patients most often affected, and it is rare in children.

### **Is discoid lupus erythematosus hereditary?**

It is rare for more than one member of a family to have discoid lupus erythematosus;

nevertheless it is well recognised that some families carry genes that raise the risk of developing the condition.

### **What are the symptoms of discoid lupus erythematosus?**

It is usually symptom-free apart from the discomfort the patches can cause; the plaques may leave disfiguring scars. Occasionally the affected areas can itch, and patches on the fingers can be tender. In most patients there is no effect on general health.

### **What does discoid lupus erythematosus look like?**

Discoid lupus erythematosus usually affects the face and scalp, but is occasionally more widespread. The rash consists of red scaly patches, which tend to clear eventually, leaving some thinning, scarring or colour change in the skin. The scaling can sometimes be quite thick and warty. Some patients have chilblain-like patches on their fingers and toes. When the scalp is involved, hair in the affected area may be permanently lost.

### **How will discoid lupus erythematosus be diagnosed?**

Tests will include a skin biopsy and blood tests to look for other forms of lupus erythematosus. The skin biopsy result is specific, but abnormal blood tests are not expected (abnormal blood tests are expected in the systemic type of lupus erythematosus).

### **Can discoid lupus erythematosus be cured?**

No. The treatments listed below help to keep it under control until it settles, but this may take months or even years.

### **How can discoid lupus erythematosus be treated?**

There are two main types of treatment:

1. *Strong steroid ointments or creams* often help but must be used under supervision as they can thin the skin, the side effect that has to be balanced against the risk of the patches scarring if they are under-treated. It is typical to therefore use stronger creams than would be used on the face for commoner conditions such as eczema.
2. *Calcineurin inhibitors: Tacrolimus ointment or Pimecrolimus cream*, steroid free preparation with anti-inflammatory properties can be useful in the management of Discoid lupus lesions.
3. *Anti-malarial tablets*: Hydroxychloroquine (Plaquenil). These were originally introduced to treat malaria but were found also to have a powerful effect on inflammation and so help to control discoid lupus erythematosus. These tablets usually cause no side effects at the doses that are currently advised,

but at higher doses there is a small risk to the eye. You should let your doctor know if you have any visual problems; a simple baseline eye test for the sharpness of your vision is advised for all patients, but some who already have eye problems need to be assessed by an eye specialist (see Patient Information Leaflet on [Hydroxychloroquine](#)). The second anti-malarial tablet that is often prescribed as an addition when Hydroxychloroquine is not clearing the skin lesions completely is Mepacrine; this combination tends to be safe and effective.

4. Immuno-modulating medications: in severe cases when there is no response to anti-malarials, Azathioprine, Mycophenolate Mofetil and Methotrexate have been used to control the skin disease. Other medications that have been tried with variable success are oral Retinoids, Thalidomide and Dapsone.
5. If scarring occurs then cosmetic camouflage is an option.

### **Self care (What can I do?)**

You should protect yourself from strong sunlight, even in the UK. The regular use of a good sunscreen (SPF 30 or higher) should be part of your daily routine. Clothing can also be a very effective sun block, particularly for your shoulders and arms. If you can see through your shirt or blouse easily, then sunlight can get through to your skin. Dark, close-weave but loose-fitting clothing is best. Don't forget to use sun glasses and a broad-brimmed hat.

#### **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.

### **Where can I get more information about discoid lupus erythematosus?**

<http://www.dermnetnz.org/immune/cutaneous-lupus.html>

*Links to patient support groups:*

*British Association of Skin Camouflage (NHS and private practice)*

Tel: 01254 703 107

Email: [info@skin-camouflage.net](mailto:info@skin-camouflage.net)  
Web: [www.skin-camouflage.net](http://www.skin-camouflage.net)

*Changing Faces*  
The Squire Centre  
33-37 University Street  
London, WC1E 6JN  
Tel: 0300 012 0275 (for support and advice)  
Tel: 0300 012 0276 (for the Skin Camouflage Service)  
Email: [skincam@changingfaces.org.uk](mailto:skincam@changingfaces.org.uk)  
Web: [www.changingfaces.org.uk](http://www.changingfaces.org.uk)

*Skin Camouflage Network* (NHS and private practice)  
56 Princes Meadow  
Newcastle Upon Tyne, NE3 4RZ  
Email: [enquiries@skincamouflagenetwork.org.uk](mailto:enquiries@skincamouflagenetwork.org.uk)  
Web: [www.skincamouflagenetwork.org.uk](http://www.skincamouflagenetwork.org.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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