



## **SUBACUTE CUTANEOUS LUPUS ERYTHEMATOSUS (SCLE)**

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

This leaflet has been written to help you understand more about subacute cutaneous 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 cutaneous lupus erythematosus?**

Subacute cutaneous lupus erythematosus is one of a group of related conditions, all of which can affect the skin. The group is called 'lupus erythematosus' and the most known subgroup is systemic lupus erythematosus which is a chronic inflammatory disease affecting many systems of the body. If a diagnosis of cutaneous lupus has been made this does not necessarily mean the lupus is systemic, but one of the forms of lupus which chiefly affect the skin. The most common forms of cutaneous lupus are acute lupus, subacute cutaneous lupus and discoid lupus erythematosus.

### **What does subacute cutaneous lupus erythematosus look like?**

Subacute cutaneous lupus erythematosus typically causes a red, scaly rash and usually affects areas exposed to sunlight, such as the face, 'V' of the neck, scalp, arms and upper back.

### **Are there any other symptoms of subacute cutaneous lupus erythematosus?**

Most people feel well; however, some people may notice fatigue and weakness, occasionally with flu-like symptoms such as joint aches. Your dermatologist will assess whether you have evidence of systemic lupus erythematosus which may be associated with a range of other symptoms including joint pains. They will also assess whether other specialists should be seen to help diagnose and treat the condition.

## **What causes subacute cutaneous lupus erythematosus?**

Subacute cutaneous lupus erythematosus is an auto-immune disease in which the body's immune system, which protects against infection, mistakenly attacks various parts of the body, including the skin. The exact cause is unknown.

It is more common in women than men and sunlight (ultraviolet light) can often trigger the rash. The condition can sometimes be caused by medication, including some diuretics (i.e. water tablets). However, any treatment should not be stopped without discussing it with the doctor. The condition is not infectious.

## **Is subacute cutaneous lupus erythematosus hereditary?**

Sometimes lupus erythematosus and related conditions run in families, but this is rare. If you have subacute cutaneous 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. If you are considering pregnancy, please discuss this with the doctor.

## **How will subacute cutaneous lupus erythematosus be diagnosed?**

A doctor may be able to make a diagnosis after an 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. The doctor will probably also take a sample of blood to test for specific antibodies (known as "ENA" or "Ro and La") which appear to be important in the condition. A routine blood screen may also be carried out.

## **Can subacute cutaneous lupus erythematosus be cured?**

Sometimes, a particular medication may be the cause of the condition, but this is uncommon. If this is the cause, then once the tablets are stopped the condition may settle. It is important to note that this may take a long time, more than 6 months in some cases. There is no "instant cure" for subacute lupus erythematosus, but many treatments are able to help treat it.

## **How can subacute cutaneous 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 tablets are also needed if ointments and sunscreens do not work, or if 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 is to protect the skin from sunlight. This doesn't just mean avoiding sunbathing, but exposure to the sun when out in the garden, walking, shopping, playing sports, or even driving a car. It is important to wear a high-factor sunscreen on all skin that is exposed to light, even on cloudy days - see below.

Remember, the sun is most intense at mid-day and can be quite powerful even on a hazy or cloudy day. Lying under a sunshade does not protect the skin totally and ultraviolet rays from the sun can be reflected from water and snow.

Evidence suggests that smoking cigarettes makes skin lupus worse and that treatment is less effective in individuals who smoke. A dermatologist or general practitioner are able to direct patients to the relevant services to help support people wishing to stop smoking.

#### *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. High factor lip sunscreens are widely available to protect lips from the sun.
- Check clothing by holding it up to see if it lets any sunlight through; light summer clothing may not give any protection. 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 the 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, 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. The use of sunscreens will still not 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 blood levels of 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. A dermatologist or a patient support group may be able to advise 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](http://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:

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For details of source materials used please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto: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*

**BRITISH ASSOCIATION OF DERMATOLOGISTS**

**PATIENT INFORMATION LEAFLET**

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