



DISCOID LUPUS ERYTHEMATOSUS (DLE)

What are the aims of this leaflet?

This leaflet has been written to help you understand more about DLE. It tells you what it is, what causes it, what treatments are available, and where you can find out more about it.

What is discoid lupus erythematosus?

DLE is an uncommon skin rash, usually made worse by exposure to sunlight. The term 'lupus erythematosus' is applied to a range of related disorders. 'Discoid' lupus erythematosus is confined to the skin and is not associated with symptoms from other organs. A more severe form is called 'systemic' lupus erythematosus, which can affect internal organs.

What causes discoid lupus erythematosus?

The cause of DLE is not fully understood but is thought to be an autoimmune disease. We all have an immune system which makes the antibodies that are needed to fight off infections. Normally these antibodies do not attack our own tissues. 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 DLE is to view the cells in our skin as 'foreign' and to make antibodies that damage them.

Factors that may increase your risk of DLE or make it worse include stress, infection and trauma. Some medications are also thought to be a trigger. The condition is not infectious and is not due to food allergy. DLE rarely affects children; although it can affect males and females equally there is evidence that females aged between 20 and 40 are more prone to this condition.

Is discoid lupus erythematosus hereditary?

Some families may carry genes that increase the risk of developing DLE. However, it is not entirely clear how the affected genes do this, or to what degree they influence the disease. It is thought that a combination of environmental factors and genetics most likely contribute to the development of DLE.

What are the symptoms of discoid lupus erythematosus?

Occasionally the patches can cause some discomfort and itch. When the plaques resolve they may also cause scarring and permanent changes to the colour of the involved skin. In most patients, there is no effect on their general health.

What does discoid lupus erythematosus look like?

DLE commonly affects the face and areas of the scalp containing hair but occasionally can spread to other body sites including arms, legs and torso. The rash consists of red scaly patches, which tend to clear eventually, resulting in thinning, scarring or colour change in the skin. The scaling can sometimes be quite thick and resemble a wart. When the scalp is involved, hair in the affected area may be permanently lost.

How can discoid lupus erythematosus be diagnosed?

Your GP should be able to make the diagnosis on the appearance of your skin, however sometimes tests are required and your doctor may then refer you to a dermatologist for ongoing management. Tests sometimes required include a skin biopsy (removing a small sample of skin for analysis under a microscope), bloods and a urine sample.

Can discoid lupus erythematosus be cured?

No. Like many autoimmune conditions, DLE is generally a lifelong condition. However, there are treatments available that are usually effective and can help keep symptoms under control.

Self care (What can I do?)

- 1) If you smoke, we strongly recommend that you stop. Smoking can make this condition worse and may also result in a poor response to treatment.
- 2) Sun Protection.

This should be part of your daily routine:

- Protect your skin with clothing, and don't forget to wear a hat that protects your face, neck and ears, and a pair of UV protective sunglasses.

Daily sunscreen is recommended:

- When choosing a sunscreen look for high SPF (SPF 30 or more) to protect against UVB and UVA. Apply plenty of sunscreen 15 to 30 minutes before going out in the sun, and reapply every two hours and straight after swimming or towel-drying.
- Clothing can be a very effective sunblock particularly for your shoulders and arms. However, if you can see through your shirt or blouse easily, then sunlight can get through to your skin. White, close-weave but loose-fitting clothing is best.
- Strictly avoiding sunlight can reduce Vitamin D levels. Therefore, it may be worth taking Vitamin D supplements, available from pharmacies and supermarkets.

How can discoid lupus erythematosus be treated?

There are two main types of treatment:

1) Local

- Strong steroid creams or steroid injections. Injections would be administered a trained physician according to local protocol. These can help reduce inflammation but must be used under supervision as they can thin the skin.
- Steroid-sparing creams and ointments. Examples include calcineurin Inhibitors and Tacrolimus ointment. These treatments do not contain steroid and act on the immune system to help reduce inflammation.
- Skin camouflage can be used to areas of plaque involvement or if scarring occurs.

2) Treatments that work throughout the whole body (tablets and injections)

- Anti-malarial tablets including Hydroxychloroquine and Mepacrine. These medications were originally introduced to treat malaria but were found also to have a powerful effect on inflammation and so help to control DLE. These tablets are usually safe at standard doses. You will be asked to attend for an eye test before starting treatment and after 5 years if still on treatment. Please let your doctor know if you develop any visual problems while taking the medication.
- Steroid tablets. A course of tablets may benefit patients who have severe, extensive or scarring DLE.
- Medications that modify the immune system. When there is no response to standard therapy other medications may be used; for example, methotrexate or mycophenolate mofetil. There are risks associated with these treatments therefore they are reserved for select cases which are severe or non-responsive. They also require additional monitoring.

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>
- Further information on [hydroxychloroquine](#), [methotrexate](#) and [mycophenolate mofetil](#)
- Links to patient support groups:
 - 1) LUPUS UK
 - St James House Eastern Road Romford Essex, RM1 3NH
 - Tel: (01708) 731251
 - Email: <mailto:headoffice@lupusuk.org.uk>
 - Web: <http://www.lupusuk.org.uk/>
 - 2) British Association of Skin Camouflage (NHS and private practice)
 - Tel: 01254 703 107
 - Email: info@skin-camouflage.net
 - Web: <http://www.skin-camouflage.net/>
 - 3) 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
 - Web: <https://www.changingfaces.org.uk/>

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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