

## Patient Diagnosis Resource for **DISCOID LUPUS ERYTHEMATOSUS**

### *Your Diagnosis*

Your doctor has determined that you have discoid lupus erythematosus (DLE), a chronic, or ongoing, condition that causes coin-shaped skin lesions. DLE occurs more than twice as often in women as men and can happen at any age, but it most often appears in people age 20 to 40.

### *About the Condition*

The skin is the largest organ of the body. Its top layer is the epidermis, which provides protection against the environment. The second layer of the skin is the dermis, which supplies blood, oxygen, strength and support. Underneath the dermis is the hypodermis, or subcutaneous fat layer, which provides an ongoing blood supply to the dermis.

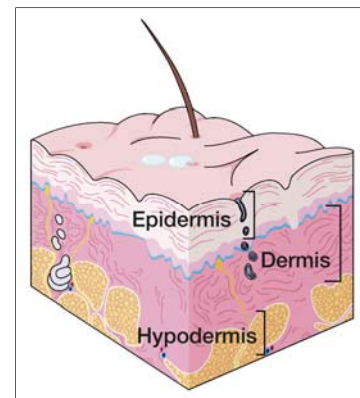
Discoid lupus erythematosus causes lesions on the skin that are round, red and scaly. Over time they can thicken, extend outward or merge with other lesions and cause scarring and discoloration. When lesions affect the scalp, they often plug hair follicles and lead to hair loss, which can be permanent. Most people with DLE have no noticeable symptoms other than the appearance of lesions, though some may experience mild itching. Sun exposure usually aggravates the condition.

There are two main forms of DLE: localized and generalized. Localized lesions are limited to the head and neck, while generalized lesions affect other parts of the body as well. Most DLE lesions appear on sun-exposed areas of the skin and may stay or recur for years.

Other varieties of DLE can sometimes occur, such as wart-like lesions, lesions on the hands and feet, lesions accompanied by lumps in the underlying fatty tissue or lesions in the mucus membranes of the mouth, nose and eyes.

Discoid lupus erythematosus is thought to have a genetic component, but its exact cause is unknown. The condition appears to stem from an overactive immune system response, usually after ultraviolet (UV) light exposure from the sun. Other contributing factors likely play a role in its development.

DLE is related to the disease systemic lupus erythematosus (SLE), in which the body's immune system attacks and damages various tissues and organs. SLE can be very mild to extremely serious, sometimes with life-threatening complications. About 10% of patients with DLE develop SLE, but usually not at a severe level.



### *Treatment Options*

The typical treatment plan for discoid lupus erythematosus seeks to improve the appearance of the skin, limit scarring, control current lesions and prevent future outbreaks.

The following treatment possibilities are available:

**Corticosteroids** – One treatment method for DLE is the application of corticosteroids directly onto the skin (topically) via a cream, ointment, foam or medicated tape. In some cases, corticosteroid injections are given directly into the lesions.

**Antimalarials** – DLE lesions that are widespread or do not respond to corticosteroids can be treated with oral antimalarials, or drugs that are primarily used to treat the infectious disease malaria.

**Other Medications** – In addition to corticosteroids and antimalarials, other medications are sometimes prescribed to treat DLE. They include topical retinoids, which are derived from vitamin A, and stronger drugs that suppress the immune system.

After treatment, your doctor will likely recommend that you have follow-up exams at regular intervals to monitor your condition.

## **What You Can Do**

You can protect your skin and help prevent further DLE outbreaks by minimizing your exposure to UV light. Specific steps you can take to reduce flare-ups include:

- ◆ Avoiding the sun – especially between 10 a.m. and 4 p.m. when UV rays are the strongest – as well as sunlight reflected by sand, water or snow
- ◆ Using SPF 15 or higher sunscreen that contains avobenzone (Parsol 1789), titanium dioxide and/or zinc oxide, applying it 20 minutes before going outdoors and again every 2 hours, or immediately after swimming or sweating
- ◆ Wearing tightly-woven or special sun-protective clothing, long sleeves and pants, a wide-brimmed hat and 100% UV-blocking sunglasses when outdoors
- ◆ Avoiding tanning salons and other UV tanning devices, as well as unshielded fluorescent light tubes
- ◆ Stopping smoking, which can aggravate the condition and interfere with the effectiveness of some medications
- ◆ Eating a healthy diet low in red meat and dairy products and high in cold-water fish (e.g., salmon, tuna, halibut, mackerel) to help decrease inflammation

Also be sure to promptly report any new lesions that develop to your doctor, as well as any changes in long-standing lesions.

## **Additional Resources**

American Academy of Dermatology, 888.462.3376, [www.aad.org](http://www.aad.org)  
Lupus Foundation of America, 800.558.0121, [www.lupus.org](http://www.lupus.org)

*This patient resource sheet is provided to you as a service of CBLPath® and is intended for information purposes only. It is not meant to serve as medical advice or a substitute for professional medical care. Treatment options may vary, and only you and your physician can determine your best treatment plan.*