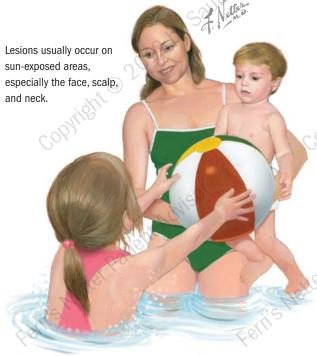
MANAGING YOUR DISCOID LUPUS ERYTHEMATOSUS



Discoid lupus erythematosus (DLE) is a chronic skin disorder with red, raised plaques (scales) having sharp edges. The cause is unknown, but DLE may be an autoimmune disorder, affecting women more than men. Other family members may have DLE, but it is not contagious.



Your doctor will make a diagnosis by looking at your skin, as well as doing a skin biopsy and blood tests.



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What Is Discoid Lupus Erythematosus?

Discoid lupus erythematosus (DLE) is a chronic skin disorder with red, raised plaques (scales) having sharp edges. The lesions usually occur on sun-exposed areas, especially the face, scalp, and neck.

DLE can be more frequent and more severe in African Americans. It affects women more often than men, usually adults between ages 20 and 50. Remissions occur between episodes.

Other family members may have DLE, but it is not contagious.

Some people with DLE develop systemic lupus erythematosus (SLE), a more serious disease involving many body organs.

What Causes DLE?

The cause is unknown, but DLE is likely an autoimmune condition (i.e., one in which the body's immune system attacks itself, causing injury or disease). Exposure to sunlight may increase the risk of getting DLE.

What Are the Symptoms of DLE?

Lesions are red, raised bumps (papules; smaller than 1 centimeter) and scales (plaques; larger than 1 centimeter) with clear borders. Lesions may also have scaling and thinning (atrophy) of the skin. Scarring is common.

In African Americans, lesions may be darker than normal skin. Lesions tend to be round or oval with irregular borders. They involve the face, scalp, neck, nose, forearms, hands, fingers, and toes. Sometimes, the trunk and mucous membranes are involved. Scalp lesions are often related to hair loss.

Later lesions tend to be flat and faint pink or white. They tend to show atrophy and depression in the center, with slightly raised borders.

How Is DLE Diagnosed?

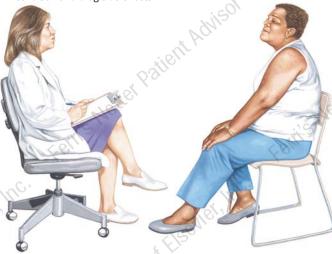
The doctor makes a diagnosis from the look of the skin. The doctor may do blood tests and a skin biopsy (removing a small piece of skin for study).





Your doctor may prescribe drugs, lotions, and ointments to help relieve symptoms.

Tell your doctor about all medicines that you take, including over-thecounter drugs, and talk to your doctor about concerns about your condition and drug side effects.



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How Is DLE Treated?

Treatment depends on its location and how severe, its impact on quality of life, and response to therapy. DLE can be controlled but cannot be cured. Treatment lessens the severity of the condition and reduces scarring. Treatment includes avoiding triggers (sunlight and fluorescent lights), general measures, and medicines. Use maximum protection sunscreens and wear protective clothing.

Sunscreens with a sun protection factor (SPF) of 30, steroids, and drugs to inhibit the immune system can reduce inflammation (redness, swelling), scarring, and lessen the severity of DLE.

DOs and DON'Ts in Managing DLE:

- ✓ **DO** take medicines as prescribed.
- ✓ **DO** tell your doctor about all medicines, including overthe-counter drugs, that you take.
- ✓ DO read medicine labels and follow instructions.
- ✓ **DO** avoid exposure to sunlight and fluorescent lights to reduce the severity of DLE.
- ✓ **DO** keep follow-up doctor appointments.
- ✓ DO call your doctor if lesions become worse or new lesions appear despite therapy.
- **DO** call your doctor if you have new or unexplained symptoms.
- **DON'T** stop taking your medicine or change the dose without asking your doctor.
- **DON'T** suddenly stop using steroids or immunosuppressive therapy without asking your doctor.

FOR MORE INFORMATION

Contact the following sources:

 Lupus Foundation of America Tel: (800) 558-0121

Website: http://www.lupus.org/newsite/index.html

 American Academy of Dermatology Tel: (847) 330-0230

Website: http://www.aad.org

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