



Skin Disease in Lupus

- Lupus of the skin is called cutaneous or discoid lupus.
- Cutaneous lupus may be hard to diagnose; however, a skin biopsy (sample) may help with the diagnosis.
- A Dermatologist is a doctor who treats diseases of the skin, nails and hair.
- About 1 out of 10 people with cutaneous lupus go on to develop systemic lupus.
- Being out in the sun and in certain types of artificial light can make rashes worse.
- Tell your doctor immediately if any rash or sore appears or gets worse.
- Make sure you take all prescribed medicines as directed by your doctor.

Lupus rashes have many different looks.

Butterfly Rash - This “classic” rash is on the face and spreads across the cheeks and nose. It can be flat or raised and range from a mild light pink to a severe bright red with scaling. The pattern of the rash is often in the shape of a butterfly with the wings on the cheeks under each eye and the body over the nose. The rash may come and go and may get worse when out in the sun or in certain types of artificial light.



Discoid Lupus - These coin or “disk” shaped lesions (sores) can be found on the scalp, on the face in a butterfly pattern, and on areas of the skin that have been in sunlight. The sores are red, raised, scaly patches, and can leave behind a scar. The sores are usually painless and do not itch. The color of the skin around the sores may become lighter or darker. If the sores on the scalp leave scars, hair loss and permanent bald spots may occur.



Subacute Cutaneous Lupus - These are red, coin-shaped, scaly lesions that get worse when out in the sun or in artificial sources of light. They can be seen on the face and/or covering large areas of the body. These lesions do not itch and do not leave scars.



Hair Loss - Lesions (sores) on the scalp may cause hair loss. When the lupus disease is not active, hair will usually grow back. However, if you have severe scarring in the scalp, there is little chance of hair growing back.



Raynaud's Phenomenon – This is a condition in which the fingers and toes (digits) change color when exposed to changes in temperature (hot or cold), in times of stress or if heavily vibrated. The blood vessels spasm and get very small, which decreases the blood flow. First, the digits turn white because of the decreased blood flow, and then they turn blue from lack of oxygen. Finally, they turn red when the blood vessels reopen. Pain, tingling and/or numbness can occur when the hands and feet warm up and circulation returns to normal. Remember to always keep warm in the cold weather, especially the hands and feet. Avoid caffeine, smoking and stress.

Livedo Reticularis - This red lace pattern underneath the skin is caused by a problem in blood flow in the blood vessels close to the skin. It usually causes no symptoms, and no treatment is required.



Ulcers - These can be seen in the nose, mouth or vaginal areas and are usually painless. To help decrease any mouth discomfort, try rinsing your mouth with warm salt water and eating soft foods. Ask your doctor for remedies for nose and vaginal ulcers.

Photosensitivity - The skin of lupus patients may be very sensitive to ultraviolet (UV) rays from the sun and other UV light sources (especially fluorescent and halogen bulbs) that can trigger a rash. Rashes usually appear on areas of the body that are exposed to the sun (face, chest and arms). Sun protection is very important for people with lupus. You should limit outdoor activity during the hottest part of the day (between 10 am and 4 pm) and wear sunscreen with a sun protective factor (SPF) of at least 15 — even on cold or cloudy days. Wear sun-protective clothing and be aware of fluorescent and halogen lights (found in floor lamps, overhead lights, photocopiers, etc).

Vasculitis - This is an inflammation of the blood vessels. Tiny blood vessels break and can cause bleeding into the skin. Very small red or purple spots can be seen on the skin. Larger spots look like bruises. Skin ulcers, blood clots and/or small black areas around the fingers and toes can be dangerous and should be reported to your doctor immediately.



Treatments -The first line of treatment for all lupus skin disorders is the use of sunscreen. Cutaneous lupus is usually treated with steroid creams, ointment, gels or solutions. Your doctor may also prescribe steroid tape or inject steroids directly into the lesions. More widespread lesions and those that do not respond are treated with oral steroids or antimalarials.