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Discoid Lupus Erythematosus

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Discoid lupus erythematosus (DLE) is a chronic skin condition of sores with inflammation and scarring favoring the face, ears, and scalp and at times on other body areas. These lesions develop as a red, inflamed patch with a scaling and crusty appearance. The center areas may appear lighter in color with a rim darker than the normal skin. When lesions occur in hairy areas such as the beard or scalp, permanent scarring and hair loss can occur. A small percentage of patients with discoid lupus can develop disease of the internal organs, which can make the person sick. Children and people with many spots are usually at more risk of this. If a doctor suspects this condition, a skin **biopsy** needs to be done to confirm the diagnosis because other conditions can look like discoid lupus erythematosus. If the skin biopsy shows discoid lupus erythematosus, then further blood testing may be indicated.



The exact cause is unknown, but it is thought to be autoimmune with the body's immune system incorrectly attacking normal skin. This condition tends to run in families. Females outnumber males with this condition 3 to 1. In some patients with discoid lupus erythematosus, sunlight and cigarette smoking may make the lesions come out.



Cortisone ointment applied to the skin in the involved areas will often improve the lesions and slow down their progression. **Cortisone injections** into the lesions will also treat discoid lupus and usually are more effective than the ointment form of cortisone. Alternatively, calcineurin inhibitors, **pimecrolimus cream or tacrolimus ointment** may be used. **Imiquimod** has also been reported to be helpful in a few patients. If the lesions are becoming unsightly and one really feels something more needs to be done, a drug named **hydroxychloroquine** (Plaquenil) will often improve the condition. Patients on hydroxychloroquine need eye exams once a year to prevent damage to the retina of the eye and periodic blood work. Closely related drugs (**chloroquine**, quinacrine) may be more effective but have more side effects. Other drugs, such as **Accutane** and **Soriatane**, can also be used.

Patients whose condition is sensitive to sunlight need to wear a UVA/UVB blocking **sunscreen** daily and a hat while out doors. Follow-up with the doctor is important and necessary every six months to once a year to

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make sure the disease is not spreading to the internal organs and to minimize scarring.

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Contact Us

2902 North Baltimore Street
Kirksville, Missouri 63501

Phone: 660-665-2184
1-800-449-2623

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