Cutaneous Lupus Erythematosus

**Cutaneous lupus erythematosus** (CLE) is lupus affecting the skin.

In this autoimmune disease, the body’s immune system attacks healthy skin. There are 3 main types: (1) Acute cutaneous lupus (“acute skin lupus”); (2) Subacute cutaneous lupus (“subacute lupus”); and (3) Chronic cutaneous lupus (“discoid lupus”). All patients with skin lupus need to be monitored for disease inside of the body, which can affect the joints, kidneys, lungs, and other organs. Acute skin lupus almost always involves more than just the skin, whereas both subacute and discoid lupus often occur only in the skin. This is important because while all patients with skin lupus need to be monitored, many patients with either subacute lupus or discoid lupus go through life without significant disease inside their bodies.

Lupus most often appears between the ages of 20 and 50 years; it affects women more than men; and it may happen more in patients with a family history of lupus or other autoimmune diseases.

**Symptoms**
Each type of skin lupus can be triggered and worsened by sunlight. Acute skin lupus most often involves a prominent rash on the cheeks and nose (“butterfly rash”). Subacute lupus most often presents with a red, raised, scaly rash on sun-exposed areas of the body. It tends to have circular skin lesions or lesions that can look like psoriasis on sun-exposed skin. Discoid lupus starts out as a red to purple scaly rash on the scalp, face, ears, and other sun-exposed areas. Over time, discoid lupus may heal with discolored scarring and even hair loss when the scalp is involved. Sometimes patients may feel pain or itch.

**Diagnosis**
Your physician will look at all of your skin, ask questions about your medical and family history, take blood and urine samples, and may do a skin biopsy. Yearly blood and urine testing is needed to screen for lupus affecting the joints or internal organs. Your physician may recommend seeing a rheumatologist (autoimmune specialist) if there is concern that your lupus may affect the joints or organs.

**Treatment**
The goal of treatment is to improve the appearance of the skin, limit scarring, and prevent new skin lesions. Therapy begins with protecting your skin carefully from the sun by wearing sunscreen every day. Sunscreen should have a sun protection factor (SPF) of at least 50, and the label should indicate that it protects against both types of sunlight (UV-A and UV-B). It is also important to wear sun-protective clothing and a broad-brimmed hat. People with skin lupus or systemic lupus should try to stop smoking because smoking may worsen their disease. Medical treatment for lupus affecting the skin begins with creams or ointments and an oral medication called hydroxychloroquine. If your skin lupus is still active after using these treatments, your physician may consider other medications. Treatments help to control the disease, but there is no permanent cure for skin lupus, so it is important to see your physician regularly.

**Types of cutaneous lupus erythematosus**
- Acute cutaneous lupus (“acute skin lupus”)
  “Butterfly rash” (redness across cheeks and nose)
- Subacute cutaneous lupus (“subacute lupus”)
- Chronic cutaneous lupus (“discoid lupus”)
  Red to purple rash with discoloration and scarring
  Red, raised, scaly nonscarring rash on sun-exposed areas
  Scarring and hair loss
  Typical location (bowl of ear)

**FOR MORE INFORMATION**
- Lupus Foundation of America
  www.lupus.org/answers/entry/how-lupus-affects-skin
- eMedicine
  “acute skin lupus”: emedicine.medscape.com/article/1065292
  “subacute lupus”: emedicine.medscape.com/article/1065657
  “discoid lupus”: emedicine.medscape.com/article/1065529

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