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Discoid Lupus Erythematosus

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, scaling and a 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 your doctor suspects that you have 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-the bodies immune system incorrectly attacks 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.

The lesions can cause permanent scarring and hair loss. The disease usually comes and goes, but discoid lupus will rarely go away and not come back.

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. If the lesions are becoming unsightly and you really feel something more needs to be done, a drug named Plaquenil will often improve the condition. Patients on Plaquenil need eye exams once a year to prevent damage to the retina of the eye and periodic blood work. Closely related drugs (Aralen, 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 blocking sunscreen (Ombrelle, Presun Ultra) daily and a hat while out doors. Follow-up with the doctor is important and necessary every six months to once a year to make sure the disease is not spreading to the internal organs and to minimize scarring.