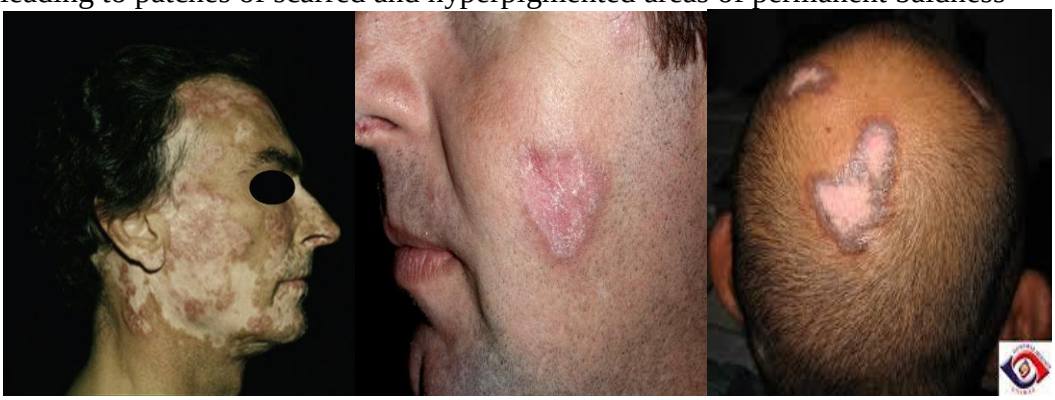
Unit IX – Problem 4 – Clinical: Discoid Lupus Erythematous (DLE)

- **DLE:**
  - It is a benign variant/ subtype of the chronic cutaneous lupus eythematous (chronic CLE) constituting 50%-85% of cases with CLE.
  - The only manifestation which can be noticed in patients with this subtype is chronic, progressive, painless and non-itchy skin lesions.
- **How would you describe the skin lesions in DLE?**
  - **They are very disfiguring lesions:**
    - ✓ Sharply demarcated, cone-like (مخروطي الشكل), erythematous (مُحمَر), scaly (مُتَقَشِّر) plagues.
    - ✓ Telangiectasia (spider veins).
    - ✓ Hypo-pigmented center.
    - ✓ Central scarring.
    - ✓ Atrophic center.
  - These skin lesions start in the face and may spread to the chin, forehead and scalp leading to patches of scarred and hyperpigmented areas of permanent baldness



  - **Differential diagnosis for these skin lesions (show in the images above):**
    - ✓ SLE.
    - ✓ Squamous cell carcinoma
    - ✓ Plaque psoriasis (الصدفية).
    - ✓ Syphilis.
- **Mechanism of DLE:**
  - Stress/ UV-light exposures induce heat-shock protein in keratinocytes which are targeted by gamma delta T cell-mediated epidermal cell cytotoxicity.
- **Diagnosis of DLE:**
  - **Skin biopsy**: histopathology will show the following characteristics:
    - ✓ Lymphocytic dermal infiltration.
    - ✓ Strongly positive IgM, IgG, IgA and C3 (in immunofluorescence).
    - ✓ Dermal deposition of mucin.
    - ✓ Hyperkeratosis.
    - ✓ Vascular degeneration.
    - ✓ Epidermal atrophy.
  - **Serology** (looking for antinuclear antibodies ANA).
- **Treatment of DLE:**
  - Avoidance of exposure to sunlight (use of sunscreens, hats and protective clothes).
  - Topical steroids.
  - Intra-lesional injection of triamcinolone acetonide for scalp lesions.
  - Hydroxychloroquine (antimalarial drug).
  - Advice the patient to stop smoking.
  - Explain possibility of systemic involvement (consultation).
- **Prognosis:**
  - ≤5% progress to SLE with time.

- There are disfiguring lesions with scar (scaring alopecia which is permanent) and atrophy.
- Squamous/ basal cell carcinoma could be a late complication.

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- **Drug-induced SLE:**
  - It is a syndrome of positive antinuclear antibody (ANA) in the serum of the patient.
  - It occurs more in whites and less in females (when compared with patients having SLE).
  - **Associated symptoms:**
    - ✓ Fever and malaise.
    - ✓ Arthalgias/myalgias.
    - ✓ Serositis (pleuritis and pericarditis).

    Note: it rarely involves skin, kidneys or brain.
  - **Drugs which can induce SLE:**
    - ✓ Antiarrhythmic: procainamide
    - ✓ Antihypertensive: hydralazine
    - ✓ Antimalarial: Quinidine (Quiniglute®)
    - ✓ Antibiotics: ionized, minocycline,
    - ✓ Antithyroid: propylthiouracil
    - ✓ Antipsychotics: chlorpromazine and lithium
    - ✓ Anticonvulsants: carbamazepine and phenytoin
    - ✓ Antirheumatic: sulfasalazine & salazopyrine
    - ✓ Diuretic: hydrochlorothiazide
    - ✓ Antihyperlipidemics: lovastatin and simvastatin
    - ✓ The biological DMARD: Interferons and TNF inhibitors

    Only memorize the following four drugs which are mentioned in the tutor guide: penicillin, hydralazine, contraceptive pills and sulfonamides.
  - **ANA usually appears before symptoms.**
  - **On withdrawal of the suspected agent, the condition usually resolves** over several weeks after discontinuation of the offending medication.