

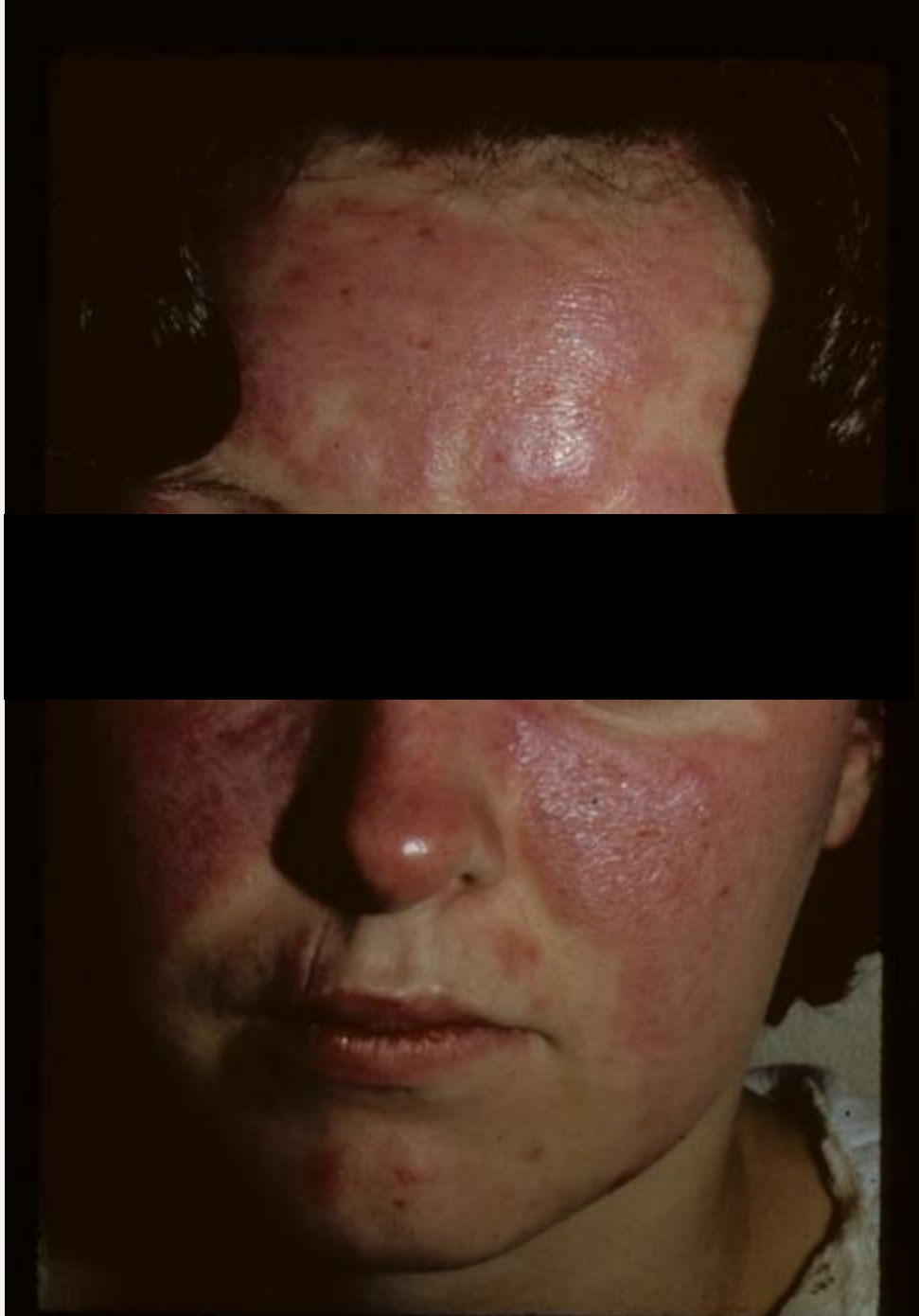
# Lupus and the Skin: What you need to know

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# Skin findings make up 4 of the 11 criteria to diagnose systemic lupus!

- Malar rash (butterfly rash)
- Discoid rash
- Sensitivity to sunlight
- Ulcers in the mouth

# Malar rash



# Malar rash





# Discoid rash





# Photosensitivity: with or without rash





**Mouth sores  
(oral lesions)**

**Often  
painless**

**Lupus can be only on the skin**

**OR**

**Skin lesions can be a sign of  
internal lupus**



**Discoid lupus (chronic cutaneous lupus) is only on the skin 85-95% of the time**















**Patients who have discoid lupus lesions below  
the neck are at risk for systemic lupus**



# Patients with discoid lupus can develop skin cancer within skin lesions

- Treatment of discoid lupus is medically important
- If there is a single sore that does not heal when all the others are improving, a dermatologist should evaluate it
- If a new bump or sore develops within an old discoid lesion, a dermatologist should evaluate it

# Subacute cutaneous lupus (“SCLE”)

- Usually just involves the skin
  - Ring-shaped
  - Sun exposed areas
- Often caused by medications
- When patients do have internal disease, it usually is:
  - Involving the kidney (“lupus nephritis”)
  - Dry mouth (“Sjogren’s syndrome”)
- Ro/La antibodies
  - Risk of having a baby with neonatal lupus













**Acute cutaneous lupus (Malar rash) is usually seen in patients with systemic lupus**





**But, lupus can look MANY  
different ways...**





















**Sunlight can trigger skin lupus  
AND  
internal flares**

40-70% of patients feel like sunlight  
makes their lupus worse

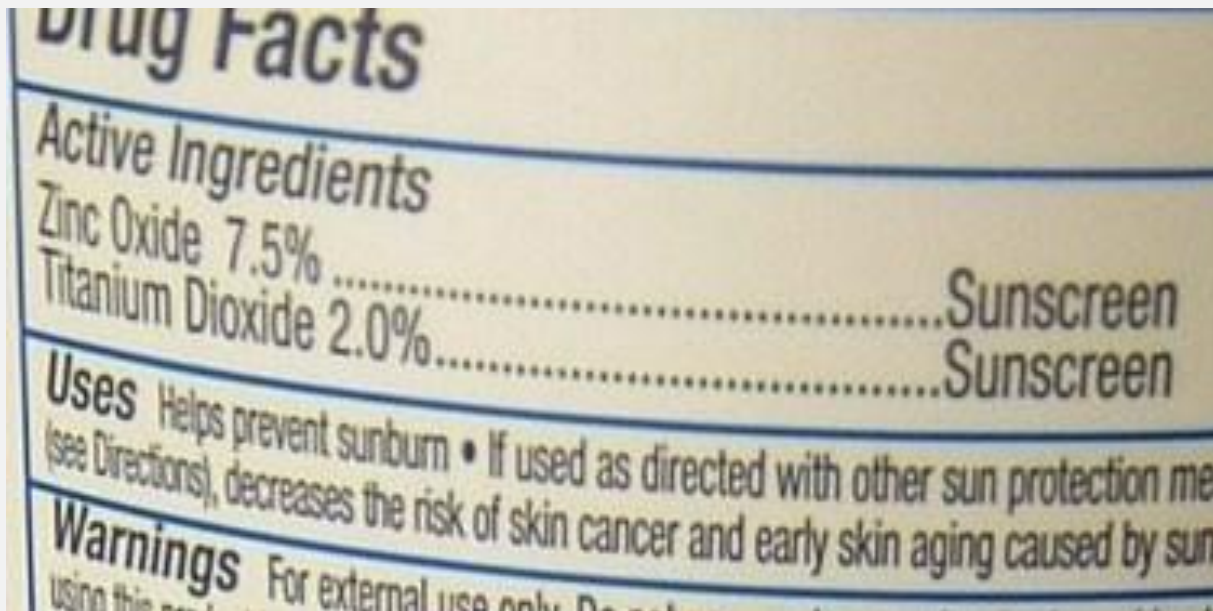


# How do you protect yourself from the sun?

- \* Avoid prolonged sun exposure
- \* Wear sun-protective clothing and hats
- \* Special tinted windows in cars
- \* Wear sunscreen!

# What's in sunscreen?


## PHYSICAL BLOCKERS



## CHEMICAL BLOCKERS

Neutrogena Ultra Sheer® Body Mist Sunscreen with Helioplex® provides superior broad-spectrum protection against skin-aging UVA and burning UVB rays. This ultra-light formula is non-greasy and applies easily to even hard-to-reach areas.

Drug Facts	
<b>Active ingredients</b> Avobenzone 3%, Homosalate 15%, Octisalate 5%, Octocrylene 10%, Oxybenzone 6%	<b>Purpose</b> Sunscreen
<b>Uses</b> • helps prevent sunburn • If used as directed with other sun protection measures (see <b>Directions</b> ), decreases the risk of skin cancer and early skin aging caused by the sun	



30019736



# What is the best sunscreen?





**The best sunscreen is the one  
you'll actually wear EVERY DAY**

**What factors matter in  
choosing a sunscreen?**

**SPF 30 OR**

**HIGHER**

**WATER**

**RESISTANCE**

**BROAD**

**SPECTRUM**

**HOW IT FEELS**

**ON YOU**

**UVA and UVB are the main types of ultraviolet radiation that we worry about**

\* UVA radiation causes AGING

\* UVB radiation causes BURNING

BOTH UVB and UVA can flare lupus



**“Broad Spectrum” sunscreens protect  
against UVA and UVB radiation**

**SPF only tells you how much UVB is  
blocked**

# Different Types of Sunscreens

- Gels
- Creams
- Sprays
- Sticks
- Tinted vs not tinted

# UV radiation can come from other sources

- Florescent light bulbs have been known to flare lupus
  - They emit UVB radiation
  - If you work indoors and there are non-diffused florescent light bulbs, and if you have an extremely photosensitive type of lupus, you may benefit from sunscreen while INDOORS.
- However, most florescent light bulbs are covered by diffusers / plastic covers, which blocks most of the UVB and makes it irrelevant.



# What about driving in the car?

- Most UVB radiation is blocked by car windows, but some UVA radiation can pass through, and this can flare cutaneous lupus and other skin conditions.
- Tinted windows can help reduce UV exposure through car windshields and side windows, but most states have laws about the maximum amount of window tint allowed
  - There are medical exemptions in most states, including Georgia
  - The medical exemption needs to be completed by a physician

# Georgia Code on Tinted Windows

“ Official Code of Georgia Annotated (OCGA) Section 40-8-73.1 prohibits the use of tinted windows with certain exceptions. One exception allows persons with a restrictive medical condition to operate or ride in a vehicle with tinted windows.

When approved by the Department of Public Safety, the approval copy of this completed document serves as authorization for exemption to the window tint law based on a restrictive medical condition. Each application must have an attestation from a person licensed to practice medicine under Chapter 34 of Title 43 or a person certified as an optometrist under Chapter 30 of Title 43. “

# Georgia Code on Tinted Windows

- All applications must be supported by written attestation that the applicant, for medical reasons, requires shielding from the direct rays of the sun. The attestation shall include the specific medical diagnosis requiring such shielding and shall be entered upon such form as shall be provided by the Department. Such attestation shall be signed by a person licensed to practice medicine under O.C.G.A. Chapter 34 of Title 43 or by a person licensed to practice optometry under O.C.G.A. Chapter 30 of Title 43.
- If the applicant is not the owner of the vehicle for which the limited exemption is sought, the application shall be signed by both the vehicle owner and the habitual occupant requiring shielding from the direct rays of the sun. Each application shall be accompanied by a ten dollar (\$10.00) non-refundable application fee payable in such manner as noted on the application form.



# Smoking is not good for skin lupus!

- Smoking increases hair loss
- Lupus patients who smoke have more active disease than those who do not smoke
- The medications hydroxychloroquine (Plaquenil) and chloroquine (Aralen) do not work as well in smokers

# What medications can cause/worsen lupus?

- Systemic lupus can be triggered/worsened by:
  - Procainamide, hydralazine, isoniazid, chlorpromazine, phenytoin, quinidine, methyldopa, others
- Skin +/- systemic lupus can be triggered by:
  - TNF-alpha blockers (adalimumab, etanercept, infliximab)
  - Some BP medications: Hydrochlorothiazide, diltiazem
  - Some antifungals: Terbinafine, griseofulvin
  - Other drugs
- This does not happen in everyone – so it does not mean you have to avoid these drugs just because you have lupus, but you should look for signs that your lupus is getting worse after starting them.

# What are some skin-directed therapies for lupus?

- Sunscreen
- Topical steroids
  - Desonide, triamcinolone, clobetasol, halobetasol, fluocinonide
- Other topical anti-inflammatories
  - Tacrolimus
  - Pimecrolimus
- Topical retinoids (tretinoin)
- Injection of steroids



**That's all folks!**

**Questions?**