OPEN ACCESS Freely available online

Lupus: Open Access

Commentary

Brief Note on Discoid Lupus

Siringi Mounika*

Department of Pharmacology, University of Kent, Canterbury, England

DESCRIPTION

Lupus erythematous is an autoimmune disorder. Systemic lupus erythematous is the most prevalent kind of lupus, affecting joints, muscles, tissues, and organs throughout the body. There are several forms of cutaneous lupus. Cutaneous Lupus Erythematous (CLE) is a kind of lupus that involves skin rashes and blisters. The most prevalent kind of CLE is discoid lupus. It is an autoimmune disease, which means that the immune system detects and attacks its own tissue. A strong immune system will defend against viruses and bacteria that might cause sickness. The immune system targets healthy skin in discoid lupus, resulting in blisters that resemble a disc-shaped rash. Acute Cutaneous Lupus (ACLE), Sub-Acute Cutaneous Lupus (SCLE), and Discoid Lupus (DLE) are the most prevalent kinds. Discoid lupus is a chronic skin disorder that causes ulcers, inflammation, and scarring on the face, ears, and scalp, as well as other body areas at times. These lesions eventually develop into a red, inflammatory area with scaling and crusting, with the parts seeming lighter in color. Discoid lupus is rare but long-lasting chronic skin rash that is increased by sun exposure (it is photosensitive). Discoid lupus can affect a small patch of skin or it can be widespread. Discoid lupus erythematous is limited to the skin and does not cause symptoms in other organs.

SYMPTOMS

Discoid sores are distinguished by a thick, scaly rash that ranges in color from red to purple. The rash may occur in one or more locations on the body. It is most prone to form on skin that is frequently exposed to sunlight, such as the face, neck, and hands. Other than that, there are normally no other symptoms, however, some people may experience discomfort or an itch within the sores. Other skin disorders, such as plaque psoriasis or eczema, might look remarkably similar to discoid lupus.

CAUSES

Discoid lupus is assumed to be an autoimmune illness. It implies that some of the proteins produced by the body to fight infection (antibodies) targets healthy cells. In discoid lupus, these antibodies target skin cells. Some families may possess genes that make them more likely to develop discoid lupus. It is believed that discoid lupus is caused by a combination of environmental and genetic factors. Hormones, genetic factors, and environmental triggers may all play a role in the disease's development. Exposure to UV radiation and stress are two examples of environmental triggers. People who are more likely to develop discoid lupus include: People who have a family history of lupus and other immune system disorders. More than 90% of people who suffer from lupus are women; Africans and Americans are three times more likely to get lupus than caucasians, 20 to 50 years old.

DIAGNOSIS

Discoid lupus, like many autoimmune diseases, is usually a lifelong disease with no treatment. There are, however, therapies that are typically shown and can help keep symptoms under control. Smoking can increase discoid lupus and impair treatment response. Wear protective gear and apply sunscreen to your skin. Put on a pair of UV-blocking sunglasses. When necessary, use sunscreen daily to protect against UVB and UVA. Sunlight deprivation can lower vitamin D levels. A vitamin D-rich diet like oily fish, eggs, meat, fortified margarine, and cereals is recommended. Vitamin D supplements may be beneficial. Strong steroid creams or injections are used in the lesions. These can assist to relieve inflammation, but if used for an extended period, they might cause skin thinning. Creams and ointments that are steroid-free are used to avoid any side effects. Calcineurin inhibitors are steroids free which include tacrolimus ointment or pimecrolimus cream. These non-steroid medicines work on the immune system to help reduce inflammation. Topical imiquimod cream is another option for treating extensive discoid lupus. Skin camouflage can be applied in regions where plaque is present or scarring develops. Tablets containing hydroxychloroquine and mepacrine to treat malaria are used. These drugs lower inflammation and hence aid in the management of discoid lupus. Steroid pills may be beneficial in the treatment of severe and extensive scarring discoid lupus. If conventional therapy fails, immunosuppressive medications such as azathioprine, methotrexate, or mycophenolate mofetil are

Correspondence to: Siringi Mounika, Department of Pharmacology, University of Kent, Canterbury, England, E-mail: mounikasiringi75@gmail.com

Received: 10-Jan-2022, Manuscript No. LOA-22-15602; **Editor assigned:** 13-Jan-2022, PreQC No. LOA-22-15602 (PQ); **Reviewed:** 27-Jan-2022 QC No. LOA-22-15602; **Revised:** 04-Feb-2022, Manuscript No. LOA-22-15602(R); **Published:** 11-Feb-2022; DOI: 10.35248/2684-1630.22.7.192.

Citation: Mounika S (2022) Brief Note on Discoid Lupus. Lupus: Open Access. 7: 192.

used. Because there are hazards connected with these medicines, they are reserved for severe discoid lupus or when other treatments have failed.

CONCLUSION

One in every twenty patients with discoid lupus develops systemic lupus erythematous. Children who acquire discoid lupus are at a higher risk. Skin malignancies (basal cell carcinoma or squamous cell carcinoma) are uncommon. Because of pigment loss, dark skin may lose its UV protection (depigmentation). If the therapy is not given early, discoid lupus leads to scarring, hair loss, and color changes. The pain in the lesions may persist, and scarring and skin damage (atrophy) will be permanent. However, these problems can be considerably decreased by early detection and proper treatment.