Common Rashes and Skin Infections Seen in Systemic Lupus Erythematosus (SLE)

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Disclosures

No disclosures. The intention of the following presentation is for learning and education purposes only. Changes in medical treatment should not be completed without consulting your Rheumatologist or health care team first.



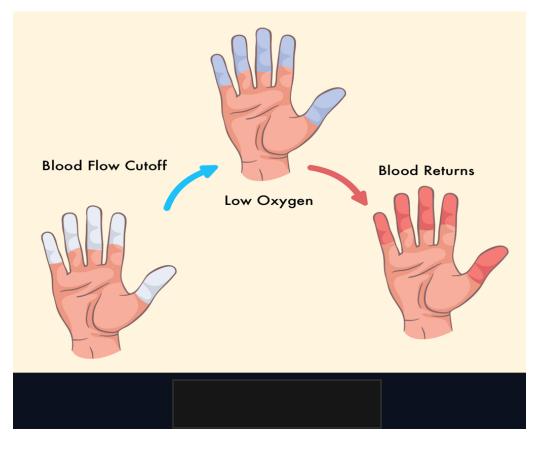
Tonight's Agenda:

- 1. Raynaud's Phenomenon physiology, how to manage, treatment and prevention
- Herpes Zoster (Shingles) signs and symptoms, management and treatment, prevention
- 3. Lupus Vasculitis physiology, signs and symptoms, management and treatment
- 4. Common Lupus Rashes
- 5. Q & A



Raynaud's Phenomenon









- What is Raynaud's Phenomenon? A constriction of blood vessels making it difficult for blood to reach the extremities.
- How do I know if I have Raynaud's? The common symptom associated with Raynaud's is noticing a sudden change in the skin colour of your hands or feet generally you will notice your hands become very white! Other than colour change, some individuals may notice tingling or numbness in the fingers/toes. Extensive Raynaud's may cause ulcerations or splitting of the skin at the tips of the fingers/toes.
- How do I manage Raynaud's? Try dipping your fingers/feet in warm water, using a heating pad in the evening, dress really well for winter!! When washing dishes, try to keep your hands dry using dish gloves.
- Are there medications for Raynaud's? If your Raynaud's is extremely bothersome there are some medications that may help



Herpes Zoster: Shingles













What is shingles?

Shingles is a rash caused by the varicella-zoster virus – this is the same virus that causes chicken pox. If you've had chicken pox before, the virus will lay dormant for many years and can some times be activated returning as Shingles.

Why is shingles commonly seen in lupus?

We suspect it's due to lupus patients compromised immune system while taking medications such as Prednisone, Cell Cept/Myfortic or Imuran (Azathioprine).





<u>Shingles: Common Signs and</u> <u>Symptoms</u>

Shingles usually only affects a specific area of the body and usually runs along a dermatome (or nerve).

Some individuals may notice:

- ➤ Itching
- ➢Pain, burning or numbness
- ≻ Raised red rash that will appear a few days after the pain
- Fluid filled blisters that may break open and crust over
- In some instances patients may experience fever, headache, sensitivity to light and fatigue.



<u>Shingles: Management and</u> <u>Treatment</u>

- Treatment is with anti-virals which include Acyclovir or Valcyclovir (Valtrex). These are tablets which are generally safe to take in combination with your lupus medications.
- The main bothersome symptom of shingles is nerve pain or what we refer to as "post-herpetic neuralgias". There are many different ways of handling this issue but the most common is with a medication called Gabapentin, or Lyrica.
- In general a family practitioner or nurse practitioner can help manage shingles; however, always let your rheumatology team know



Shingles: Prevention

- There are two vaccines which help protect against shingles. The vaccine most appropriate for those with lupus is SHINGRIX. The other vaccine known as **Zostavax** is a live vaccine and should not be given to those who are immune compromised.
- In general these vaccines are usually given to those who are > 60 years of age (risk generally increases with age)
- Your family doctor should be able to administer this vaccine if you are immunocompromised





Lupus Vasculitis







<u>What is Vasculitis? How Do</u> <u>We Treat it?</u>

- Vasculitis refers to inflammation occurring in the blood vessels of the skin.
- The lesions usually appear as small red or purple spots/dots on the palms of the hands or on the lower legs.
- Vasculitis can be dangerous and can significantly damage skin tissue. Some patients will notice ulcerations or little cuts at the tips of their fingers.
- Treatment for vasculitis usually consists of steroids like Prednisone and routine wound care for any cutaneous ulcerations



Rashes Commonly Seen In Lupus



Discoid Lupus Rash

Malar "Butterfly" Rash





- Why do we call it a "discoid" rash? this is because the rash usually evolves into raised round or oval patches. It is usually diagnosed through a skin biopsy.
- The discoid rash is not usually not itchy or painful, the lesions themselves are scaly, thick and red.
- It's not clear how an individual can develop the discoid rash, it is part of the autoimmune condition.
- The rash usually comes and goes just like a lupus flare. It can become worse when exposed to sunlight.
- Treatment includes immune suppressants such as Prednisone, topical treatment, and/or antimalarial maintenance on Plaquenil.



<u>Acute Cutaneous Lupus Rash:</u> <u>Malar "Butterfly" Rash</u>

- About 50% of individuals with lupus will develop the malar rash. This rash is typically red in colour and will appear over the cheeks and bridge of the nose hence forming a "butterfly"
- Butterfly rash resembles a sunburn, skin is usually inflamed
- Just like the discoid rash, it may have periods of a flare, and periods where it is dormant.
- It is definitely a rash that is "photosensitive" so again wear SPF on the face and stay out of the sun as much as possible
- Not likely to produce scarring

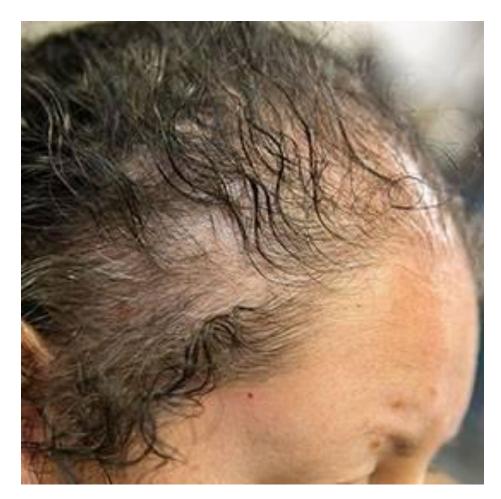


Non-Scarring Alopecia



Patchy Alopecia





Diffuse Alopecia

Non-Scarring Alopecia

- There are a few different reasons why patients may experience alopecia otherwise known as hair loss. Some patients can experience "patchy" alopecia, where as others may notice a more diffuse hair loss.
- Diffuse alopecia is known to be associated with some lupus activity
- In general, if patients complain of hair loss we usually ask if they are seeing more hair on the pillow when they wake up in the morning, or more hair falling out in the shower
- Sometimes hair loss can be associated with common lupus medicines such as Azathioprine (Imuran), Methotrexate or Cyclophosphamide
- Iron deficiency anemia is another common co-morbidity that we see in lupus and is a likely cause of alopecia – we always check iron levels
- The hair will usually grow back we do involve dermatology in treatment. Treatment with medications is usually topical.







QUESTIONS???

