Understanding the Different Types of Lupus

by BRANDY OSTLER

What Are the Different Types of Lupus?

Although SLE is the most common, there are actually several different types of lupus, some of which can occur in tandem.

Systemic Lupus Erythematosus (SLE)

In general, when someone says, “I have lupus,” they are most likely referring to the most common type of lupus — systemic lupus erythematosus (SLE). Not only is this the most common type, it tends to create the most havoc.

Many complications and an assortment of related issues can emerge with SLE, which sadly has been my experience. Lupus has damaged my skin, joints, kidneys, lungs, lymph nodes, eyes, digestive system, and central nervous system — the most severe being my kidneys (referred to as lupus nephritis or lupus kidney disease) and my brain (referred to as lupus cerebritis or CNS lupus), although both are being adequately controlled.

Additionally, I have developed “related” conditions including lupus hypothyroidism (Hashimoto’s disease) and vasculitis (blood vessel inflammation). Furthermore, as many as 10 percent of those with SLE may develop and suffer from Sjogren’s syndrome, a condition that causes glands to function improperly creating chronic dry eye and dry mouth.

It is the combination of all these issues that makes lupus a challenge to diagnose and difficult to treat. New complications can arise at any time, which is why its of extreme importance for those suffering from lupus to be aware of new symptoms and keep medical appointments so it does not get out of hand!

To date, professionals cannot pinpoint the cause of SLE. However, they have identified certain genes as being associated with the development of lupus.

This information tells us that lupus could be genetic; however, in my particular case, no one in my family has lupus — lucky me, I’m the first one! So, do I have these identified genes?

Well, I really don’t know. However, the knowledge helps professionals weigh in on the likelihood that someone will develop lupus, particularly if there is a family history.

Other potential causes of lupus include hormonal factors; it is well known that women are more likely than men to develop lupus. Environmental factors are also a concern; certain toxins, illnesses, and medications can aggravate lupus.

Ultraviolet rays are a big issue for many lupus sufferers. There have been times I develop a “sunburn” type redness or rash (complete with pain) within *minutes* of being exposed to the sun.

Furthermore, although it has not been directly linked, my problems with lupus began after a severe case of strep throat in 2006. I was given a shot of penicillin and quickly developed hives — I have not been the same since and I remain convinced that there is a strong connection between the strep, penicillin and lupus.

I have heard others report similar situations. Can this just be a coincidence? I suppose — but in my opinion, it seems highly unlikely!

Next page: the various forms of lupus.

Cutaneous Lupus (Discoid)

SLE is not the only type of lupus. While most people with SLE will experience lupus skin rashes, lupus can also be limited to the skin. There are three different types of lupus-specific skin disease:

Chronic Cutaneous Lupus Erythematosus (CCLE)

Also known as discoid lupus erythematosus (DLE), CCLE causes skin lesions that are thick and scaly. They can plug the hair follicles and are likely to leave scars.

The lesions usually do not itch and appear on the surface of exposed skin more often than unexposed skin. Those with discoid lupus should absolutely avoid the sun!

Studies indicate that approximately five percent of those who suffer from DLE will develop SLE later in life. Treatment options include steroids — in both ointment and pill form, anti-malarial medication, and other immunosuppressive drugs.

Subacute Cutaneous Lupus Erythematosus (SCLE)

Unlike DLE, the skin lesions displayed on those with SCLE are not thick and scaly, and do not generally leave scars. They do not itch, but can be tricky to treat because they seem to resist steroid creams and antimalarial medications.

Sun exposure can trigger more lesions, so those who suffer from SCLE should avoid the sun as much as possible and wear sunscreen and protective clothing when necessary. Research indicates that about 10 percent of patients with lupus have SCLE and half of those with SCLE will meet the conditions for SLE.

Acute Cutaneous Lupus Erythematosus (ACLE)

About 50 percent of those with SLE will experience ACLE at some point during the course of their disease. ACLE lesions are those that appear on exposed skin when skin inflammation is active and are generally triggered by sun exposure.

As with the other skin-specific lupus conditions, sunscreen and protective clothing is recommended when going outdoors.

Characteristics of Lupus-Related Skin Problems

- **Mylar rash:** The “butterfly” rash that covers the cheeks and the nose after sun exposure is fairly common in lupus sufferers. It can appear spontaneously and is often indicative of a coming flare.
- **Photosensitivity:** Often a direct cause of lupus skin problems, many with lupus struggle with this complication. Reactions similar to sunburn may occur — even when exposed to artificial UV lighting, so sunscreen should be worn at all times. Photosensitivity may indicate a flare is on the horizon.
- **Livedo reticularis:** This is a lacy “web” type rash that appears *under* the skin of lupus sufferers. It is usually purple or red in color and may be more prominent when exposed to cold.

- **Raynaud's phenomenon:** This condition causes fingers and toes to change colors (white, blue, red) and results from exposure to cold environments. See my article about Raynaud's to learn more.

Next page: additional types of lupus.

Cutaneous Lupus (Discoid)

- **Urticaria:** Better known as hives, these lesions are quite itchy! Although linked to allergic reactions in the general public, lupus patients can experience hives lasting more than 24 hours at a time!
- **Cutaneous vasculitis:** Although the lesions associated with this condition may be itchy and resemble hives, they are caused by inflammation in the blood vessels near the skin and restrict blood flow.
- **Purpura:** These are small discolorations under the skin caused by leaking blood vessels. They are red or purple in color, can vary in size, and may indicate insufficient platelet levels.
- **Alopecia:** Otherwise known as hair loss, more than two-thirds of lupus suffers will experience this at some point during the course of the disease. The dry, brittle, breaking hair is most common near the top of the forehead and may or may not grow back depending on the cause.

There are three additional types of lupus to be aware of.

Drug-Induced Lupus

For those who do not have SLE, certain drugs can cause lupus-like symptoms, including specific blood pressure medications (hydralazine and methyldopa), a heart medication (procainamide), a drug used for metal poisoning called D-penicillamine, an acne medication (minocycline), and a drug used to treat rheumatoid arthritis called anti-TNF.

Luckily, drug-induced lupus is temporary and generally subsides within a few months of stopping the medication causing it.

Neonatal Lupus

In women with certain autoantibodies (anti-Ro, anti-La, and anti-RNP), their babies may develop neonatal lupus — even if the mother herself does not have lupus. However, the 60 percent of women who do not have lupus but have babies with neonatal lupus may develop lupus or Sjogren's syndrome later in life.

For the most part, neonatal lupus will subside on its own and generally only involves the baby's skin. A very small percent (only one to two percent) may experience a congenital heart block.

Childhood Lupus

Childhood lupus affects children in the much the same way as SLE affects adults. However, organs can be damaged to a greater degree, particularly the kidneys.

In fact, children with lupus are two times more likely to develop kidney disease than those with adult lupus.

More aggressive treatments options are generally required in childhood lupus. Furthermore, boys are more likely to develop childhood lupus than men are to develop adult lupus.

Lupus is a complicated and diverse illness. Affecting both children and adults, this debilitating condition can manifest in different forms. Treatment protocols are numerous, but it can still be difficult to control. Hopefully, the future will bring with it more knowledge, allowing new options for lupus patients.

Regardless of the type of lupus one may be dealing with, maintaining medical care is an absolute must!

Proclaiming victory over specific battles is certainly worth celebrating; however, our ultimate goal is to win the war! Keep fighting fellow lupus warriors!