

particularly if there are no other manifestations of active SLE. INB prevalence is increased in SLE, especially in patients treated with systemic glucocorticoids. Myositis with clinical muscle weakness, elevated creatine kinase levels, positive magnetic resonance imaging (MRI) scan, and muscle necrosis and inflammation on biopsy can occur, although most patients have myalgias without frank myositis. Glucocorticoid therapies (commonly) and antimalarial therapies (rarely) can cause muscle weakness; these adverse effects must be distinguished from active inflammatory disease.

■ CUTANEOUS MANIFESTATIONS

Lupus dermatitis can be classified as acute, subacute, or chronic, and there are many different types of lesions encompassed within these groups. Discoid lupus erythematosus (DLE) is the most common chronic dermatitis in lupus; lesions are roughly circular with slightly raised, scaly, hyperpigmented erythematous rims and depigmented, atrophic centers in which all dermal appendages are permanently destroyed. Lesions can be disfiguring, particularly on the face and scalp. Only 5% of people with DLE have SLE (although half have positive ANA); however, among individuals with SLE, as many as 20% have DLE. The most common acute SLE rash is a photosensitive, slightly raised, occasionally scaly erythema on the face (particularly the cheeks and nose—the “butterfly” rash), ears, chin, V region of the neck and chest, upper back, and extensor surfaces of the arms. Worsening of this rash often accompanies flare of systemic disease. Subacute cutaneous lupus erythematosus (SCLE) consists of scaly red patches, similar to psoriasis, or circular, flat, red-rimmed (“annular”) lesions. Patients with these manifestations are exquisitely photosensitive; most have antibodies to Ro (SS-A). Other SLE rashes include recurring urticaria, lichen planus–like dermatitis, bullae, and panniculitis (“lupus profundus”). Rashes can be minor or severe; they may be the major disease manifestation. Small ulcerations on the oral or nasal mucosa are common in SLE; the lesions resemble aphthous ulcers and may or may not be painful.