Commentary

Description of Chilblain Lupus and the Medication

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DESCRIPTION

Chilblain lupus is a rare variant of lupus characterised by red or purplish skin lesions.

Lupus symptoms include chilblains. Lupus is an autoimmune condition (where the immune system destroys healthy cells by mistake). Painful red or purple blisters and discoloured skin spots are signs of chilblain lupus. These small lesions (chilblains) develop or worsen in cold weather. The words "cold" and "sore" are where the word "chilblain" comes from.

Lupus can produce chilblains, but not all chilblains are caused by the disease.

- Wear clothing and shoes that are too small.
- Living in a humid and cold climate.
- People who dwell in cold, rainy areas are at a higher risk of developing chilblain lupus. Some diseases, such as anorexia nervosa, a life-threatening eating disorder, might enhance a person's risk of developing chilblain lupus.
- Intestinal lymphoma, an uncommon kind of lymphoma (lymph system cancer) that begins in the small intestine.
- Pregnancy.

Lupus chilblains can be hereditary or sporadic. Sporadic chilblain lupus indicates that it might get effected later in life, typically as an adult.

A gene mutation (change) causes inherited chilblain lupus. A mutation in either of these genes can cause chilblain lupus:

- SAMHD1 genes are involved in immunological response.
- TREX1 aids in DNA repair.

Lupus chilblains develop red or purple skin patches or blisters. These sores typically form on the fingers, heels, soles of the feet, and toes.

Sores on the fingertips of the hands, knees, nose, or ears are less prevalent. These lesions usually occur or intensify in cold or damp weather.

- Blisters or ulcers, open sores produced by inadequate blood circulation are other chilblain symptoms.
- Depigmentation, or regions of skin that fade or lose colour.
- Deep breaks in the skin on the heels, known as heel fissures.
- Hyperkeratosis, or thickening of the skin.
- Raynaud's phenomenon, which causes transient blood constriction in the fingers and toes.

Diagnosis and treatments of chilblain lupus

Chilblain lupus can be diagnosed by a dermatologist (skin care specialist). Dermatologists typically employ a test known as a skin biopsy.

A little skin sample is taken by the dermatologist during a skin biopsy. Doctor sends the specimen to a laboratory, where it is examined under a microscope by specialists. Skin examination under a microscope can reveal whether chilblain lupus or another ailment is producing skin ulcers.

Medication may be prescribed by a doctor for mild to severe chilblain lupus. Typical drugs include:

- Bacterial skin infections are treated with antibiotics such as dicloxacillin (Dycill®) or erythromycin (Ilosone®).
- Antimalarial medications, such as hydroxychloroquine (Plaquenil®), combat weariness, inflammation, and joint discomfort.
- Calcineurin inhibitors, such as tacrolimus (Prograf[™]) and mycophenolate mofetil (CellCept[®]), reduce inflammation by suppressing the immune system.
- Calcium channel blockers, such as nifedipine (Adalat®), stimulate blood vessel dilation.
- Steroid ointments reduce swelling and inflammation, such as fluocinolone acetonide (Synalar®) or hydrocortisone butyrate (Locoid®).
- Systemic steroids, such as prednisone (Deltasone®), are medications that are taken orally and reduce inflammation and swelling.

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Received: 01-Jun-2023, Manuscript No. LOA-23-25462; Editor assigned: 05-Jun-2023, PreQC No. LOA-23-25462(PQ); Reviewed: 20-Jun-2023, QC No. LOA-23-25462; Revised: 27-Jun-2023, Manuscript No. LOA-23-25462(R); Published: 04-Jul-2023, DOI: 10.35248/2684-1630.23.8.241

Citation: Ruise J (2023) Description of Chilblain Lupus and the Medication. Lupus: Open Access. 8:241.

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