

**Disease spectrum of late-onset lupus ( $\geq 50$  years) presenting to a  
Dermatology department from 1996-2006**

*C.M.R. Fahy<sup>1</sup>, B.C. Hackett<sup>1</sup>, M. Bennett<sup>1</sup>, M.E. McMenamin<sup>2</sup>, J. Jackson<sup>3</sup>, C. Feighery<sup>3</sup>, L.  
Barnes<sup>1</sup>, R.M. Watson<sup>1</sup>.*

*Department of Dermatology<sup>1</sup>, Department of Pathology<sup>2</sup>, Department of Immunology<sup>3</sup> St  
James's Hospital, Dublin 8, Ireland*

Studies indicate that age at onset influences disease spectrum in lupus erythematosus. We sought to profile patients presenting to a dermatology department with late-onset lupus.

We examined data of 35 patients diagnosed with late-onset cutaneous lupus at  $\geq 50$ yr, 1996-2006, by retrospective chart review. Results were compared with corresponding retrospective data of 60 patients diagnosed with SLE in a connective tissue clinic, and 21 patients with cutaneous lupus  $\leq 50$  years, in the same hospital.

Female-to-male ratio was 4:1 in the late-onset group. Average age of onset was 65.2 yrs. Subacute cutaneous lupus was diagnosed in 23/35, (66%), 11/35 (31%) had discoid lupus, and 1/35 patients had lupus panniculitis. ARA criteria for SLE were fulfilled in 26% (9/35). The late-onset group had similar morbidity to the SLE comparison group although with an absence of nephritis; 0/35 v's 11/60. Thirty-four percent, (12/34) began new medication within six months of rash onset/exacerbation. Twenty percent of late-onset patients had carcinoma. Forty percent of patients achieved control of cutaneous lupus by discontinuing the offending drug, and/or topical corticosteroids and photoprotection, 54% required hydroxychloroquin and 8.6% required immunosuppressive therapy.

Patients presenting with late-onset lupus require careful evaluation for systemic disease including a detailed drug history.