

# Autoimmune Skin Disorders

## What Are Autoimmune Skin Disorders?

**Autoimmune skin disorders** are conditions where your **immune system becomes overactive** and mistakenly attacks parts of your body—such as the **skin, hair follicles, blood vessels, or connective tissue**. This can lead to rashes, blisters, sores, color changes, or scarring.

These conditions are **not contagious**, and many can be **well-managed** with the right diagnosis and treatment plan.



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## Common Autoimmune Skin Conditions We Evaluate

Autoimmune skin disorders can look very different. Examples include:

### Inflammatory rashes

- **Cutaneous lupus** (often sun-sensitive rashes)
- **Dermatomyositis** (rash with possible muscle weakness)

## Blistering autoimmune conditions

- **Bullous pemphigoid** (tense blisters, often very itchy)
- **Pemphigus** (more fragile blisters/erosions)

## Blood vessel inflammation

- **Cutaneous vasculitis** (often purple spots on legs, sometimes tender)

## Pigment and hair-related autoimmune conditions

- **Vitiligo** (white patches)
- **Alopecia areata** (patchy hair loss)

## Connective tissue autoimmune conditions

- **Scleroderma/morphea** (firm, thickened patches)

*Important:* Many non-autoimmune conditions can mimic autoimmune rashes—so proper evaluation matters.

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## Typical Symptoms

You may notice:

- A rash that **persists, spreads, or keeps returning**
  - **Sun sensitivity** (rash worsens after sun exposure)
  - **Blisters**, open sores, crusting, or painful erosions
  - **Purple spots** or bruising-like marks, especially on legs
  - **Scalp tenderness** or patchy hair loss
  - **Mouth sores** or lip involvement
  - Burning, stinging, or intense itching
  - Nail changes
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## How We Diagnose Autoimmune Skin Disorders

Diagnosis usually involves a combination of:

### 1) Detailed history

We ask about:

- When the rash started and how it behaves
- Medications and recent changes

- Sun exposure patterns
- Joint pain, fatigue, fevers, muscle weakness, mouth sores
- Family history of autoimmune disease

## 2) Full skin exam

We look for pattern clues (location, shape, color, scale, blisters).

## 3) Skin biopsy (often key)

A small sample of skin is taken to examine under the microscope.

- Sometimes a special test called **direct immunofluorescence (DIF)** is needed (especially for blistering disorders).  
*This requires a specific biopsy technique and location—your dermatologist will guide this.*

## 4) Blood tests (when appropriate)

Used to look for inflammation markers, autoimmune antibodies, or to help rule in/out systemic involvement.

## 5) Coordination with other specialists

If needed, we coordinate care with rheumatology, pulmonology, neurology, or ophthalmology depending on symptoms.

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# Treatment Options

Treatment depends on the diagnosis, severity, and whether other organs are involved.

## Skin-directed treatments

- Gentle skin care + anti-inflammatory prescription creams/ointments
- Sun protection plans (critical for many autoimmune rashes)
- Wound care for sores or erosions

## Systemic treatments (when needed)

For more significant disease, treatments may include oral or injectable medications that calm the immune system. Your dermatologist will discuss:

- Benefits and risks
  - Monitoring needs (labs, infection prevention, vaccines when appropriate)
  - Pregnancy considerations (if relevant)
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# Pre-Op Instructions (Before Your Autoimmune Rash Visit / Biopsy)

*(Not surgery—these are “before your appointment” tips.)*

## Before your visit

- **Take photos** of the rash when it’s flaring (many rashes change day-to-day).
- Bring a list of:
  - All medications and supplements (including OTC and “natural” products)
  - New products that touch your skin (soaps, creams, cosmetics)
- Write down any “whole-body” symptoms:
  - Fatigue, fevers, joint pain, muscle weakness
  - Mouth sores, eye irritation
  - Shortness of breath or chest symptoms

## If a biopsy may be done

- Tell us if you take **blood thinners** or bruise easily.
    - ⚠ **Do not stop prescribed blood thinners** unless your prescribing clinician instructs you.
  - Tell us about allergies to adhesives, antiseptics, or numbing medicine.
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# Post-Op Instructions (After Biopsy / Starting Treatment)

## If you had a biopsy

- Keep the bandage on and dry for **24 hours** (unless instructed otherwise).
- After 24 hours, daily:
  1. Gently clean with mild soap and water
  2. Pat dry
  3. Apply a thin layer of ointment if instructed
  4. Cover with a clean bandage
- Avoid soaking (pools/hot tubs/baths) until healed.
- Call if you have increasing redness, warmth, swelling, pus, fever, or bleeding that won’t stop with pressure.

## After starting treatment

- Use medications exactly as directed (consistency matters).
- Many autoimmune rashes improve over **weeks**, not days.

- Avoid harsh scrubs/exfoliants on inflamed skin.
  - Use sun protection if your condition is sun-sensitive.
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## When to Seek Urgent Care

Seek urgent or emergency care if you have:

- **Trouble breathing**, chest pain, severe weakness, or confusion
- **Rapidly spreading blisters**, skin pain, or widespread skin peeling
- **Swelling of lips/tongue/throat** or difficulty swallowing
- High fever with rapidly worsening rash

Call our office promptly if:

- New blisters, sores in the mouth/eyes, or rapidly worsening symptoms
  - Signs of infection in open skin (increasing pain, pus, fever)
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## Autoimmune Skin Disorders FAQ

### Are autoimmune skin disorders contagious?

No. You cannot catch an autoimmune skin disorder from someone else.

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### Does an autoimmune rash mean I have a systemic autoimmune disease?

Not always. Some conditions are limited to the skin, while others can involve internal organs. Your dermatologist will evaluate symptoms and testing to clarify this.

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### Why is a biopsy important?

Many rashes look similar on the surface. A biopsy can provide the most accurate diagnosis and guide the safest, most effective treatment.

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### What is DIF (direct immunofluorescence)?

DIF is a special biopsy test that looks for immune proteins in the skin—especially helpful for **autoimmune blistering disorders**.

## **Will I need blood tests?**

Sometimes. Blood tests can help confirm certain diagnoses, assess inflammation, and screen for systemic involvement.

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## **Can stress trigger flares?**

Stress may worsen inflammation and trigger flares in some autoimmune conditions. Managing stress can be a helpful part of an overall plan.

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## **Will sun exposure make it worse?**

For several autoimmune disorders (especially some forms of lupus), sun can trigger or worsen rashes. We'll give you a sun protection plan tailored to your condition.

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## **Are treatments safe long-term?**

Many treatments can be used safely with proper monitoring. If immune-suppressing medication is needed, we'll discuss side effects, infection precautions, and lab monitoring.

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## **How soon will I see improvement?**

It depends on the diagnosis and severity. Some patients improve in **1–2 weeks**, while others require **several weeks to months** and a maintenance plan.