Abstract

Systemic lupus erythematosus is a multisystem autoimmune disorder which has a great clinical diversity at presentation. Lack of pathognomonic features or tests to diagnose and sharing of common features with other autoimmune syndromes make it a diagnostic challenge. Antiphospholipid syndrome is a well-known association of this condition, where we find recurrent thrombosis, pregnancy losses and specific antiphospholipid antibodies. The identification of primary disease is a difficult task, and it is considered as different entities of a spectrum of systemic autoimmune disorders. Here a patient with poorly controlled diabetes and bad obstetric history presenting with prolonged fever was diagnosed to have systemic lupus erythematosus after excluding all other infective aetiologies. While on further evaluation she was presenting with unprovoked lower limb deep vein thrombosis to suggest secondary antiphospholipid syndrome. Associations and clinical presentations of SLE and APLS is rather complicated. Therefore, timely approach is mandatory to start early treatment, prevent disease flare and decision making in long term management.