

## **Abstract**

Systemic lupus erythromatosis(SLE) is a chronic multisystem autoimmune condition. Commonest presenting complains of SLE are fatigue, joint pain and fever. Here we report a 33- year-old lady who presented with fatigue, inflammatory type polyarthritis and chronic diarrhea who was later diagnosed as SLE. The disease was further complicated with autoimmune hemolytic anemia(AIHA), autoimmune thyroiditis and pulmonary hypertension. During her previous one year duration of chronic diarrhea and inflammatory type arthritis, she was extensively investigated for an infective, inflammatory and neoplastic causes. All investigations turned out to be negative including endoscopy and histologyexcept for high ESR and pan gastritis. Initially she did not meet the diagnostic criteria for SLEas her ANA was <1/80. Later she fulfilled entry criteriafor SLE with positive ANA titer 1/1000 with granular nucleolar immunofluorescence pattern.

She had non-scarring alopecia, inflammatory type arthritis, leukopenia and AIHA from clinical domain of EULAR diagnostic criteria. She had low C3 complement levels and negative Ds DNAand anticardiolipin antibody. She achieved complete remission, with stable hemoglobin and normal bowel habit following induction treatment with glucocorticoid. Currently she is on remission with maintenance dose of glucocorticoids with HCQ 200 mg, carbimazole 30mg daily and propranolol 40 mg 8 hourly. This case report will remind clinicians the possibility of severalautoimmune associations in the first presentation of SLE. Clinicians need to follow up their patients with high index of clinical suspicion to identify evolving autoimmune conditions to initiate timely induction treatment to achieve an early remission.

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