

Abstract

Systemic lupus Erythematosus (SLE) is a connective tissue disease which can affect many organ systems. It can present in many ways. Cardiac involvement in SLE is not uncommon. It can affect any structure in the heart such as endocardium, myocardium or pericardium. Cardiovascular symptoms as the first presenting symptoms in SLE is challenging to arrive at a diagnosis. Pericarditis is the common cardiac manifestation and it can lead to pericardial effusion and cardiac tamponade. Early diagnosis and early initiation of treatment can reduce cardiac complications. Here, we report a case of a 49-year-old lady presented with recurrent central chest pain, shortness of breath and fever, was found to have electrocardiogram (ECG) changes, elevated troponin I level and pericardial effusion in 2D echocardiogram. On thorough evaluation, she was found to have SLE pericarditis. Her symptoms improved after initiation of high doses of steroids and hydrochloroquine.