

## **Abstract**

Cytomegalo viral (CMV) infection is a common occurrence worldwide. It is frequently seen in immune compromised hosts. Its presentations are variable with simple flu like illness to disseminated infection leading to death. Apart from that CMV is implicated in triggering the onset of SLE and sometimes it is known to mimic a disease flare in SLE patients. We present a case of CMV infection presenting as a disease flare, in a diagnosed patient with systemic lupus erythematosus (SLE), rheumatoid arthritis (RA) and autoimmune hemolytic anemia (AIHA) and a superadded bacterial sepsis.

Our patient presented to us with intermittent fever with chills, generalized abdominal pain with severe epigastric and left side pleuritic type chest pain for 5 days, malaise, myalgia, odynophagia, loss of appetite for 2 weeks, painful palmar-planter erythematous rash; with episodic worsening of similar symptoms, starting 3 months back. She was on immunosuppressants for SLE, RA and AIHA. She had high inflammatory markers and normal anti ds DNA and C3, C4 levels, and high titers of CMV IgM and IgG. She improved with IV antibiotics but only made a complete recovery with IV ganciclovir therapeutic doses. It is important to consider CMV infection as a differential when a SLE patient presents with symptoms and signs of a flare. It would help the clinician to start on appropriate therapy and prevent misdiagnosis and mismanagement of patients which might lead to dire consequences.