Abstract

Systemic Lupus Erythematosus (SLE) and secondary Sjogren Syndrome (SS) are chronic complex autoimmune disorders, which may coexist and result in unfavourable outcomes. SLE mostly affects young females characterised by autoantibody and immune complexes formation. It affects many organs and disease severity may vary from mild to life threatening. SS can exist as primary or in association with other autoimmune diseases as secondary. It affects the exocrine glands (salivary, lacrimal) characterised by lymphocytic infiltration and which results in dry eye and dry mouth. Here we report a 23 years old female, who presented with recurrent parotid swelling, dry mouth and thrombocytopenia diagnosed as primary Sjogren syndrome. Later we observed the presence of overlapping features of SLE and confirmed it as SLE with secondary Sjogren syndrome with serological evidence. This case was written to highlight the importance of close monitoring in rheumatological conditions because all the features won't appear in the early course of disease.