

Abstract

Macrophage activation syndrome (MAS), a severe hyperinflammatory condition, occasionally emerges in the context of systemic lupus erythematosus (SLE), posing diagnostic challenges. This case highlights a rare scenario where MAS served as the initial presentation of SLE, emphasizing the importance of early recognition and intervention.

A 32-year-old woman presented with a month-long history of high-grade fever, oral ulcers, joint pain, weight loss, and a photosensitive rash. Clinical evaluation revealed anemia, thrombocytopenia, leucopenia, elevated inflammatory markers, hepatomegaly, proteinuria, and deranged liver enzymes. Notably, her ferritin levels were significantly elevated. Comprehensive assessments confirmed MAS and underlying SLE. Treatment with intravenous dexamethasone led to rapid clinical improvement.

Distinguishing MAS from SLE flares and sepsis is essential due to distinct therapeutic approaches and outcomes. Ferritin levels, cytopenias, and inflammatory markers can aid in differentiation and timely evaluation with proactive measures can save lives in such cases.