Abstract

A young female presenting with fever, arthritic involvement, and skin manifestations in the context of high inflammatory markers, hematological involvement, and positive autoantibodies, autoimmune conditions are the first differentials that alarm. Infections like typhus, especially when the patient presents from a highly epidemic area, should be taken into consideration as they are a great mimicker of an autoimmune disease. Here we present a case of a young female who presented with fever, arthralgia involving sacral and hip joints, vasculitic-like gangrenous skin lesions, acute respiratory distress syndrome, and bi-cytopenia with high inflammatory markers, who was successfully managed clinically for typhus infection.