

Abstract

Acute decompensated heart failure in a middle-aged patient with the lack of traditional cardiovascular risk factors presents a dilemma in any clinical setting. While cardiomyopathy following acute myocarditis is a known association in systemic lupus erythematosus (SLE), patients presenting initially as decompensated heart failure is very rare in literature. We report a case of a 47-year-old female who was previously well and did not have cardiovascular risk factors who presented with overt heart failure which on further workup showed a serologic profile and renal biopsy compatible with SLE without any overt clinical features initially. She had a good response to steroid therapy and immunosuppression with cyclophosphamide with improvement of cardiac and renal function.