

Abstract:

Systemic lupus erythematosus (SLE) is a multisystem acquired autoimmune disorder that affects mostly childbearing age females. It has a heterogeneous clinical presentation with varying degrees of severity. Because of this heterogeneity, there might be some instances where the diagnosis is revealed later in the disease course. Here we present a case of a young lady who presented with fever, pleuritic type chest pain, and hemoptysis initially being managed as pneumonia later diagnosed with pulmonary embolism with CT pulmonary angiogram (CTPA). The secondary workup done on thrombophilia screening revealed evidence of anti-phospholipid syndrome (aPLs) secondary to systemic lupus erythematosus. The patient was anticoagulated in view of pulmonary embolism. Meanwhile, organ screening and treatment for systemic lupus erythematosus was commenced. Early identification of clinical symptoms and proper screening has led to better outcome for this patient.