

Abstract

Up to 50% of cases of POU remain undiagnosed even after extensive advanced investigations. Main known causes for PUO are infections, inflammation, malignancy and miscellaneous aetiologies. We report a 43-year-old patient with SLE on Hydroxychloroquine, presented with low grade intermittent fever for four months duration. No clinical features suggestive of infective focus or connective tissue disorder were seen.

After excluding common causes, some rare causes were also considered including IL-6 as it is as important endogenous circulating pyrogen responsible for activating CNS mechanism in fever. But definitive diagnosis was not achieved. In the undiagnosed cases, 20% get a definite diagnosis within two months after discharge, 51% become symptom-free, 30% had persisting fever for several months, and some of them were finally cured.