

Abstract

Systemic lupus erythematosus (SLE) is a chronic inflammatory autoimmune condition that has multi-organ involvement and a wide spectrum of clinical presentations. Autoantibody response triggers an inflammatory cascade leading to deposition of immune complexes causing end-organ damage affecting vital organs such as the brain, kidneys, heart, and lungs. Presence of Antinuclear antibody (ANA) is a key feature for the diagnosis of SLE according to 2019 EULAR/ACR criteria. Interestingly, ANA negativity can be seen in 1-5% of patients with SLE. We present a 24-year-old female with persistent low-grade fever and non-scarring alopecia and was complicated by pulmonary thrombosis. Investigations revealed triple positive antiphospholipid antibodies with reduced C3/C4 levels but persistent negativity of ANA and anti-Ds DNA. This patient was treated with Hydroxychloroquine and anticoagulated with warfarin.
