

### **Abstract**

SLE is a multi systemic chronic inflammatory disorder mainly affecting females of reproductive age. We present a young female presenting with symmetrical small and large joint arthritis accompanied by fever, found to have active urinary sediment with proteinuria, without significant renal impairment. Her ANA, ds DNA titers were high, C3 & C4 levels were low and renal biopsy showed features consistent with class IV A lupus nephritis with activity index of 12/24. She was commenced on oral prednisolone 1mg/kg daily and Mycophenolate Mofetil 1g bd along with HCQ 200mg bd. 24 hour urine protein quantification is planned to be repeated during treatment and gradual tapering off of steroids with up titration of MMF is planned.