

ABSTRACT

Background– Systemic lupus erythematosus (SLE), though quite commonly encountered in a clinical setting , maybe difficult to diagnose, as the signs and symptoms often mimic those of other ailments. The diagnosis is usually made by a constellation of characteristic symptoms and signs in the setting of supportive serology. Thus , ANA negativity in a patient with nonspecific clinical findings can give rise to a diagnostic dilemma.

Case - A case of systemic lupus erythematosus with ANA negativity in a 26 year old male presenting with recurrent episodes of left sided pleural effusion and shortness of breath.

Conclusion –This case emphasizes the importance of suspecting a connective tissue disorder in a male with suggestive clinical findings even in the presence of negative ANA in order to avoid delay in management.