Abstract

Systemic Lupus Erythematosus (SLE) is known to be associated with pancytopenia but it is a less common presentation without other typical features. The index case is of a 17-year-old male with a history of intermittent fever for three-week duration associated with pancytopenia. Bone marrow examination revealed features of hypocellularity due to an autoimmune process while serological tests revealed positive antinuclear antibody with low C3, C4 levels. Patient was diagnosed with systemic lupus erythematosus. Early suspicion of an autoimmune process, proper investigations and early treatment lead to better outcome with prompt remission of the disease with minimal complications. Immunosuppression with corticosteroid is the primary treatment and as add on basis, hydroxychloroquine and azathioprine are used.