

ABSTRACT

A 27-year-old previously healthy male was admitted with high grade intermittent fever for 3 weeks associated progressive shortness of breath and Raynaud's phenomenon. He was found to have bibasal fine crepitations with cutaneous manifestations of systemic sclerosis. High resolution computed tomography (HRCT) revealed ground glass appearance compatible with nonspecific interstitial pneumonia. His septic screening and sputum gene expert for TB was negative and he was treated as systemic sclerosis associated interstitial lung diseases with high dose methyl prednisolone and cyclophosphamide. His fever settled along with improvement of saturation and exercise capacity with treatment and subsequently gained uneventful recovery. Although various presentations of ILD is known, pyrexia of unknown origin as presentation is not common according to the current literature.