A diagnosis of SLE was subsequently made on the basis of clinical rashes, scleritis, pericarditis, pleurisy, peritonitis, photosensitivity, left dip, was hypertensive and routine bloods showed lymphopenia. Who presented in February 2013 with night sweats, 13kg weight loss, rare. A literature search (1970 to present) highlighted just 11 cases. We disease usually characterised by the presence of autoantibodies and the classical clinical picture. This case also illustrates the therapeutic remain this way. Negative immunology should not prevent or delay the testing within five years, it is too early to state whether our patient will show c3 and c4. Please see the conclusion section.

Conclusion: Given most antibody negative SLE cases presented in the literature developed a positive response to subsequent serologic testing within five years, it is too early to state whether our patient will follow suit. However, this case is important as it raises awareness that SLE can initially present as ANA and ENA negative; and in some cases, remain this way. Negative immunology should not prevent or delay the diagnosis and subsequent treatment of SLE when the presentation fits the classical clinical picture. This case also illustrates the therapeutic challenges of treating aggressive cases of SLE.

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