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From Misdiagnosis to Diagnosis: A Self-Reported Case Study of Systemic Lupus Erythematosus and the Psychological Impact of Diagnostic Delay

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Abstract

Systemic lupus erythematosus (SLE) presents substantial diagnostic challenges because of its multisystem involvement and the significant overlap of its clinical manifestations with other rheumatologic and pain-related disorders. This case report describes the diagnostic journey of a Pakistani female postgraduate student in her late twenties who experienced sequential misdiagnoses of psoriatic arthritis and fibromyalgia for approximately 12–15 months before receiving a confirmed diagnosis of SLE. During this period, the patient consulted multiple specialists and experienced progressive physical, psychological, and financial burdens associated with delayed diagnosis. Comprehensive immunological testing eventually confirmed SLE, revealing positive antinuclear antibodies (ANA), anti–double-stranded DNA, and anti-Smith antibodies, alongside complement depletion and hematological abnormalities. The case highlights the diagnostic complexity of autoimmune diseases, particularly in resource-limited healthcare systems where access to specialized care and advanced diagnostic testing may be restricted. Additionally, it underscores the influence of gender-related diagnostic bias and the tendency to attribute complex symptom presentations to psychological or functional disorders before excluding underlying autoimmune pathology. Beyond the clinical trajectory, this report also illustrates the profound psychological impact of delayed diagnosis and the role of resilience, social support, and patient self-advocacy in navigating chronic illness.

Keywords: systemic lupus erythematosus, psoriatic arthritis, fibromyalgia, diagnostic delay, autoimmune disease, resilience, Pakistan

Introduction

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Systemic Lupus Erythematosus (SLE) is a chronic, multisystem autoimmune disorder characterized by significant clinical heterogeneity and fluctuating disease activity. The condition may affect multiple organ systems, including the skin, joints, kidneys, nervous system, and cardiovascular system, making diagnosis particularly complex. Due to the wide variability in symptom presentation and the absence of a single definitive diagnostic test, SLE is often difficult to identify during its early stages. Patients frequently present with nonspecific symptoms such as fatigue, joint pain, and inflammation, which may overlap with a range of other rheumatological and musculoskeletal disorders.

Diagnostic delay is a well-recognized challenge in the clinical management of autoimmune diseases, particularly in conditions with heterogeneous clinical presentations such as SLE. Studies have shown that patients with SLE often experience prolonged diagnostic journeys involving multiple healthcare consultations before receiving an accurate diagnosis. Symptom overlap with conditions such as fibromyalgia, psoriatic arthritis, and other inflammatory disorders can contribute to initial misdiagnosis. These delays may result in extended physical suffering, psychological distress, and increased healthcare costs for patients.

In addition to clinical challenges, diagnostic uncertainty can significantly affect the psychological well-being of patients navigating chronic and unexplained symptoms. Repeated consultations, conflicting medical opinions, and ineffective treatment strategies may contribute to frustration, emotional distress, and reduced quality of life. These experiences highlight the importance of improving awareness and diagnostic vigilance among healthcare professionals when evaluating patients presenting with complex autoimmune symptoms.

Case reports play an important role in advancing medical knowledge by documenting unusual diagnostic pathways, atypical presentations, and patient experiences that may not be captured in larger clinical studies. The present case study describes the diagnostic journey of a Pakistani female patient in her late twenties who initially received diagnoses of psoriatic arthritis and fibromyalgia before ultimately being diagnosed with Systemic Lupus Erythematosus. By documenting this experience, the study aims to highlight the challenges associated with autoimmune misdiagnosis, the potential consequences of delayed diagnosis, and the need for greater clinical awareness of autoimmune overlap syndromes.

Furthermore, in the context of Autoimmune Awareness Month, this case underscores the global importance of increasing awareness of autoimmune diseases and improving early recognition of complex symptom presentations. Enhanced clinical awareness and interdisciplinary collaboration may contribute to more timely diagnosis and improved outcomes for patients experiencing similar diagnostic journeys.

Case Presentation

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Demographics and Clinical History

A 27-year-old female postgraduate student in Clinical Psychology at a private university in Karachi, Pakistan, presented with a complex constellation of systemic symptoms beginning in early 2023. The patient reported no known family history of autoimmune disease. Although her socioeconomic background was partially stable, financial limitations significantly influenced her access to healthcare services throughout the diagnostic process.

This case report describes the patient's prolonged diagnostic journey, during which she initially received diagnoses of psoriatic arthritis and fibromyalgia before ultimately being diagnosed with Systemic Lupus Erythematosus (SLE) approximately 12–15 months after symptom onset. The case highlights the diagnostic challenges associated with autoimmune overlap syndromes and illustrates how multisystem symptom presentations may complicate clinical evaluation, particularly in resource-limited healthcare settings.

SLE remains a complex autoimmune disorder characterized by heterogeneous clinical manifestations and involvement of multiple organ systems. Due to overlapping symptom profiles with other rheumatological and pain-related conditions, early diagnosis is often challenging. Patients may initially present with nonspecific symptoms such as fatigue, musculoskeletal pain, and dermatological manifestations, which can lead to preliminary diagnoses of other conditions, including inflammatory arthritis or fibromyalgia.

The present case underscores the clinical difficulties involved in identifying autoimmune diseases when symptoms evolve gradually and overlap with other disorders. Diagnostic uncertainty may also be compounded by gender-related diagnostic bias, psychosomatic attribution of symptoms, and limited access to comprehensive immunological testing. In this case, the patient consulted multiple healthcare providers across different specialties before receiving a definitive diagnosis.

The prolonged diagnostic delay resulted in significant physical, psychological, and financial burden. Over the course of 12–15 months, the patient attended approximately 12–15 medical consultations across multiple specialties and underwent numerous diagnostic investigations. The process involved substantial out-of-pocket expenses and significant emotional distress before a comprehensive immunological evaluation ultimately confirmed the diagnosis of SLE.

Beyond clinical considerations, this case also highlights the psychological impact associated with prolonged diagnostic uncertainty in chronic autoimmune diseases. The patient experienced considerable emotional distress during the diagnostic period, including anxiety, depression, and disruption of academic and social functioning. At the same time, the case illustrates the role of patient advocacy, resilience, and persistence in navigating complex healthcare systems.

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The publication of this case during Autoimmune Awareness Month further emphasizes the importance of increasing global awareness regarding autoimmune diseases, particularly conditions such as SLE that frequently present with complex and overlapping symptoms. Improved awareness among healthcare professionals may facilitate earlier recognition of autoimmune conditions and reduce the likelihood of prolonged diagnostic delays.

Table 1. Patient Demographics and Clinical Timeline

Category	Details
Current Age	27 years
Age at Initial Presentation	25 years
Gender	Female
Educational Status	University student – Clinical Psychology (Postgraduate)
Location	Karachi, Sindh, Pakistan
Family History	No known autoimmune diseases
Socioeconomic Status	Partially stable; financial strain affected healthcare access
Initial Symptom Onset	Early 2023
First Diagnosis	Psoriatic Arthritis (mid-2023)
Second Diagnosis	Fibromyalgia (late 2023)
Final Diagnosis	Systemic Lupus Erythematosus (early 2024)
Total Diagnostic Delay	Approximately 12–15 months

Evolution of Clinical Presentations

The patient initially presented with polyarticular joint pain affecting the hands, wrists, cervical spine, and temporomandibular joint (TMJ). Additional symptoms included morning stiffness lasting approximately 30–40 minutes, severe fatigue, psoriatic skin lesions, recurrent migraines, jaw pain, blurred vision, vertigo, and mild anxiety.

In mid-2023, she received a preliminary diagnosis of psoriatic arthritis and began treatment with nonsteroidal anti-inflammatory drugs (NSAIDs) and oral methotrexate. Due to significant gastrointestinal side effects, treatment was later modified to weekly injectable methotrexate (20 mg). Although partial symptomatic improvement was observed, many systemic symptoms persisted.

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By late 2023, the clinical presentation evolved significantly. The patient reported diffuse musculoskeletal pain, profound fatigue, intermittent low-grade fever, hair loss, oral ulcers, and Raynaud's phenomenon. During this period, the patient also experienced a marked increase in psychological distress, including severe anxiety, depression, insomnia, panic attacks, and episodes of suicidal ideation.

At this stage, several clinicians attributed the patient's symptoms primarily to psychiatric causes, which delayed further investigation into a potential systemic autoimmune disease. Approximately 12–15 months after initial symptom onset, a comprehensive immunological evaluation was performed. The assessment revealed photosensitive eruptions, proteinuria suggestive of renal involvement, and a history of recurrent miscarriages consistent with possible antiphospholipid syndrome. These findings ultimately led to the confirmed diagnosis of Systemic Lupus Erythematosus.

Table 2. Clinical Presentation Across Diagnostic Stages

Symptom/Sign	Psoriatic Arthritis	Fibromyalgia	SLE
Joint pain/swelling	Hands, wrists, cervical, TMJ	Diffuse pain	Hands, wrists, knees
Skin manifestations	Severe psoriatic patches	Severe psoriatic patches	Recurrent rashes, photosensitivity
Fatigue	Severe	Severe	Severe
Morning stiffness	30-40 minutes	Minimal	>1 hour
Fever	Low grade	Intermittent	Intermittent
Hair loss	Severe	Very severe	Significant
Oral ulcers	Yes	Yes	Recurrent
Raynaud's phenomenon	No	Yes	Present
Renal involvement	No	No	Proteinuria
Psychological symptoms	Mild anxiety	Severe depression, suicidal ideation, panic attacks	Ongoing severe burden

Diagnostic Investigations

Laboratory investigations conducted at the time of diagnosis demonstrated multiple immunological abnormalities consistent with SLE. Serological testing revealed a high-titer positive antinuclear antibody (ANA) along with positive anti-double-stranded DNA (anti-dsDNA) and anti-Smith antibodies. Antiphospholipid antibodies

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were also detected. Complement levels (C3 and C4) were significantly reduced, indicating active immune complex disease.

Hematological evaluation demonstrated anemia, leukopenia, and moderate thrombocytopenia. Inflammatory markers, including erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP), were elevated. Urinalysis confirmed the presence of proteinuria consistent with lupus nephritis.

Collectively, these findings fulfilled multiple criteria outlined in the 2019 European League Against Rheumatism/American College of Rheumatology (EULAR/ACR) classification criteria for SLE.

TABLE 3. Key Diagnostic Investigations

Test	Finding	Clinical Significance
ANA	Positive (high titer)	Screening test for SLE
Anti-dsDNA	Positive	Highly specific for SLE
Anti-Smith	Positive	Highly specific for SLE
Antiphospholipid Ab	Positive	Associated with thrombosis and pregnancy loss
C3/C4	Significantly low	Active immune complex disease
Hemoglobin	Significantly low	Anemia common in active SLE
WBC	Leukopenia	Autoimmune destruction
Platelets	Moderate thrombocytopenia	Autoimmune destruction
Urinalysis	Proteinuria	Lupus nephritis

Treatment and Healthcare Journey

The patient's treatment course was complex and required multiple therapeutic adjustments. Oral methotrexate therapy was discontinued due to adverse gastrointestinal effects, and several immunosuppressive agents were trialed. Eventually, relative clinical stability was achieved with weekly injectable methotrexate (20 mg) in combination with hydroxychloroquine.

Additional therapeutic interventions included corticosteroid pulses, pain-modulating medications, and psychiatric treatment aimed at managing severe psychological distress associated with the prolonged diagnostic journey. The cost of imported

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medications and frequent brand substitutions significantly increased the financial burden associated with treatment.

Over a period of approximately 15 months, the patient consulted between 12 and 15 healthcare specialists, including rheumatologists, dermatologists, internists, psychiatrists, and gynecologists. Due to limitations in public healthcare access, most consultations occurred in private medical facilities, resulting in substantial out-of-pocket healthcare expenditures.

Multidimensional Impact

The prolonged diagnostic process had a profound impact on multiple domains of the patient's life. Academically, the patient was forced to pause her postgraduate studies due to worsening health and treatment demands. Psychologically, she experienced severe depression, suicidal ideation, insomnia, dissociation, and recurrent panic attacks during the diagnostic period.

Physically, the patient endured persistent pain, fatigue, and systemic complications, including a controlled cerebrovascular incident. Socially, the illness contributed to increasing isolation, while financially, the cumulative cost of medical consultations, diagnostic testing, and medications placed considerable strain on family resources.

Discussion

Diagnostic Challenges and the Autoimmune Continuum

This case illustrates the diagnostic complexity of autoimmune diseases, particularly Systemic Lupus Erythematosus (SLE), which is frequently described as "the great imitator" due to its highly variable and multisystem clinical presentation [3]. The patient's sequential diagnoses—psoriatic arthritis, fibromyalgia, and ultimately SLE—reflect the overlapping clinical features that characterize the autoimmune continuum.

The initial diagnosis of psoriatic arthritis was clinically reasonable given the presence of severe psoriatic skin lesions and inflammatory arthritis. However, several systemic features should have raised earlier suspicion for SLE. These included persistent fatigue, low-grade fever, recurrent oral ulcers, and Raynaud's phenomenon—symptoms that are uncommon in isolated psoriatic arthritis but more typical of connective tissue diseases [4].

The subsequent diagnosis of fibromyalgia represents a common diagnostic pitfall. While fibromyalgia may co-exist with autoimmune diseases, the patient's widespread pain was more consistent with active inflammatory pathology rather than primary fibromyalgia [7]. Misattributing unexplained symptoms to fibromyalgia or psychological causes can delay investigation of underlying autoimmune disease, particularly when systemic symptoms are present.

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In this case, psychological distress was initially interpreted by some clinicians as a primary condition rather than a consequence of chronic undiagnosed illness. This highlights an important clinical principle: psychological symptoms should not automatically exclude the possibility of organic disease. Instead, clinicians must recognize the bidirectional relationship between chronic physical illness and mental health, where prolonged diagnostic uncertainty can contribute significantly to emotional distress [10].

Gender-Related Disparities in Autoimmune Disease Diagnosis

Gender disparities represent another important factor in delayed autoimmune disease diagnosis. SLE predominantly affects women, with a reported female-to-male ratio of approximately 8–15:1 during reproductive years [9]. Paradoxically, despite the higher prevalence among women, female patients frequently experience dismissal or minimization of symptoms during the diagnostic process.

Research indicates that pain complaints reported by women are more likely to be attributed to psychological or emotional causes rather than investigated for underlying organic pathology, a phenomenon sometimes described as medical gaslighting [8]. In the present case, symptoms including anxiety, depression, and suicidal ideation were occasionally interpreted as primary psychiatric conditions rather than secondary responses to chronic illness and diagnostic uncertainty.

This bias may contribute to delayed recognition of autoimmune diseases, as clinicians may underestimate the severity of symptoms reported by female patients. Studies have also shown that women are less likely to receive specialist referrals and may wait longer for adequate pain management compared with male patients presenting with similar symptoms [8]. Addressing these gender disparities is therefore essential for improving diagnostic accuracy and patient outcomes in autoimmune disorders.

Healthcare System Challenges in Pakistan

The healthcare context in Pakistan further complicated the patient's diagnostic journey. Limited awareness of autoimmune diseases among general practitioners, along with a shortage of rheumatology specialists outside major urban centers, often delays appropriate evaluation and referral [5].

Additionally, Pakistan's healthcare system relies heavily on out-of-pocket expenditures, which creates significant financial barriers to diagnostic testing and long-term treatment. In this case, the patient required repeated consultations, extensive laboratory investigations, and expensive immunosuppressive medications, many of which were not readily available locally and had to be imported at high cost.

Cultural and structural factors may also influence women's access to healthcare. In some cases, female patients face barriers related to financial decision-making, social

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expectations, or limited autonomy in seeking specialized care. These factors, combined with limited healthcare infrastructure and poor coordination between medical specialties, can contribute to fragmented care and prolonged diagnostic delays.

The absence of integrated electronic health records further complicates continuity of care, as patients may consult multiple specialists without coordinated communication between providers. Such systemic limitations highlight the need for improved interdisciplinary collaboration and greater awareness of autoimmune diseases within the healthcare system.

Prognosis and Long-Term Management

Despite the diagnostic delay, the patient's long-term prognosis is cautiously optimistic with appropriate treatment and monitoring. Advances in immunosuppressive therapies, particularly the use of hydroxychloroquine, corticosteroids, and other immunomodulatory agents, have significantly improved outcomes for patients with SLE. Current studies report five-year survival rates exceeding 95% with modern treatment strategies [1].

Nevertheless, SLE requires lifelong management and regular monitoring to assess disease activity, medication side effects, and potential organ damage. In this case, careful follow-up is particularly important due to the presence of lupus nephritis and a history suggestive of thrombotic events associated with antiphospholipid antibodies.

Equally important is the management of psychological trauma associated with prolonged diagnostic uncertainty. Experiences of repeated misdiagnosis and dismissal of symptoms can have lasting mental health consequences, making ongoing psychological support and psychiatric care essential components of comprehensive disease management.

Role of Caregiver Support, Social Support, and Resilience

This case also highlights the critical role of psychosocial support and resilience in adapting to chronic illness. Emotional validation and practical assistance from primary caregivers served as essential protective factors throughout the patient's diagnostic journey. Family support helped mitigate feelings of isolation and hopelessness while encouraging continued engagement with medical care.

Participation in support groups for individuals with chronic illness also contributed positively to the patient's coping process. Social support has consistently been associated with improved psychological adjustment and reduced depressive symptoms among individuals living with chronic health conditions.

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From a positive psychology perspective, these experiences align with the Broaden-and-Build Theory proposed by Barbara Fredrickson, which suggests that positive emotional experiences foster psychological resilience by expanding cognitive and emotional resources (Fredrickson, 2001). Supportive relationships can therefore play a crucial role in helping individuals develop adaptive coping mechanisms in the face of chronic illness.

Similarly, research on post-traumatic growth suggests that adversity may lead to psychological growth when individuals receive adequate social and emotional support (Southwick et al., 2014; Tedeschi & Calhoun, 2004).

Resilience played a central role in the patient's ability to navigate severe psychological distress, including depression, suicidal ideation, and emotional exhaustion. According to Martin Seligman, resilience is not merely an individual trait but a dynamic process shaped by both internal strengths and supportive interpersonal relationships. In this case, emotional validation from family members reinforced the patient's sense of self-worth and encouraged continued advocacy for her own healthcare needs despite repeated setbacks.

Integrating family-centered care, peer support groups, and psychological interventions into chronic illness management may therefore significantly improve patient outcomes, particularly in healthcare settings with limited resources.

CONCLUSION

This case study highlights the diagnostic complexity of Systemic Lupus Erythematosus (SLE) and the challenges associated with identifying multisystem autoimmune diseases in their early stages. The patient's prolonged diagnostic journey—initially attributed to psoriatic arthritis and later fibromyalgia—demonstrates how overlapping clinical features across autoimmune conditions can contribute to delayed recognition of systemic disease.

The case further illustrates the importance of maintaining a high index of clinical suspicion when patients present with persistent multisystem symptoms such as inflammatory joint pain, fatigue, oral ulcers, and systemic manifestations. Early and comprehensive immunological evaluation is essential in preventing diagnostic delays that may lead to disease progression and significant psychological distress.

Beyond clinical considerations, this case also highlights broader structural challenges within healthcare systems, particularly in resource-limited settings. Limited awareness of autoimmune diseases, financial barriers to diagnostic testing, and fragmented healthcare pathways can significantly delay appropriate diagnosis and treatment.

Equally important are the psychosocial dimensions of chronic illness. The patient's experience demonstrates how prolonged diagnostic uncertainty can lead to severe

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psychological distress, including depression and anxiety, emphasizing the need for integrated care approaches that address both physical and mental health outcomes.

Despite these challenges, the case also underscores the critical role of resilience, caregiver support, and patient self-advocacy in navigating chronic illness. Supportive interpersonal relationships and access to validating social environments can significantly enhance coping and psychological adjustment during prolonged medical uncertainty.

Overall, this case contributes to the growing body of literature emphasizing the need for greater clinical awareness of autoimmune disease presentations, improved interdisciplinary communication, and patient-centered approaches to diagnosis and management.

Significance

Given that this case study is presented during Autoimmune Awareness Month, it also serves to highlight the broader global significance of autoimmune disease awareness. Autoimmune disorders affect millions of individuals worldwide, yet many patients continue to experience prolonged diagnostic delays due to symptom overlap, limited awareness, and systemic healthcare barriers.

Raising awareness among healthcare professionals and the general public is essential for promoting earlier recognition of autoimmune conditions, reducing stigma associated with unexplained chronic symptoms, and improving patient outcomes. Case studies such as this provide valuable insight into real-world diagnostic challenges and emphasize the importance of patient advocacy, interdisciplinary collaboration, and holistic care in managing complex autoimmune diseases.

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Ethical Considerations

Patient Consent: This article presents a self-reported case study authored by the patient. Written informed consent was obtained from the patient (self-author) prior to publication. All identifying information has been modified or omitted to maintain confidentiality and protect patient privacy.

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Ethical Approval: As this study represents a retrospective self-reported clinical narrative authored by the patient and is not affiliated with any institutional research program, formal institutional ethical approval was not required.

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REFERENCES

Aringer, M., Costenbader, K., Daikh, D., et al. (2019). European League Against Rheumatism/American College of Rheumatology classification criteria for systemic lupus erythematosus. Arthritis & Rheumatology, 71(9), 1400–1412.

Baharudin, R., Idris, N. S., Muhammad, J., & Abdullah, W. N. H. W. (2022). A case report of male systemic lupus erythematosus with antinuclear antibodies-negative: A challenging diagnosis. Korean Journal of Family Medicine, 43(2), 150.

Barber, M. R. W., Drenkard, C., Falasinnu, T., et al. (2021). Global epidemiology of systemic lupus erythematosus. Nature Reviews Rheumatology, 17, 515–532.

Boodhoo, K. D., Liu, S., & Zuo, X. (2016). Impact of sex disparities on the clinical manifestations in patients with systemic lupus erythematosus: A systematic review and meta-analysis. Medicine, 95(29), e4272.

Carrión-Barberà, I., Salman-Monte, T. C., Vílchez-Oya, F., & Monfort, J. (2021). Neuropsychiatric involvement in systemic lupus erythematosus: A review. Autoimmunity Reviews, 20(4), 102780.

Gergianaki, I., & Bertsias, G. (2018). Systemic lupus erythematosus in primary care: An update and practical messages for the general practitioner. Frontiers in Medicine, 5, 161.

Kiriakidou, M., & Ching, C. L. (2020). Systemic lupus erythematosus. Annals of Internal Medicine, 172, ITC81–ITC96.

Li, X., Lu, J., & Zhang, S. (2022). Case report of systemic lupus erythematosus in a middle-aged male with facial palsy at onset. Archives of Medical Science, 18(6), 1696.

Murphy, G., & Isenberg, D. (2013). Effect of gender on clinical presentation in systemic lupus erythematosus. Rheumatology, 52, 2108–2115.

Sarwar, S., Mohamed, A. S., Rogers, S., Sarmast, S. T., Kataria, S., Hamid, P., & Farooq, S. (2021). Neuropsychiatric systemic lupus erythematosus: A 2021 update on diagnosis, management, and current challenges. Cureus, 13(9), e17969.

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Schwartzman-Morris, J., & Putterman, C. (2012). Gender differences in the pathogenesis and outcome of lupus and lupus nephritis. Clinical and Developmental Immunology, 2012, 604892.

Wang, F., Wang, C. L., Tan, C. T., & Manivasagar, M. (1997). Systemic lupus erythematosus in Malaysia: A study of 539 patients and comparison of prevalence and disease expression in different racial and gender groups. Lupus, 6, 248–253.

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. American Psychologist, 56(3), 218–226. https://doi.org/10.1037/0003-066X.56.3.218.

Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. European Journal of Psychotraumatology, 5(1), 25338. https://doi.org/10.3402/ejpt.v5.25338.

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. Psychological Inquiry, 15(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01.

CASE STUDY DATA COLLECTION FORM

Table 1: Patient Demographics

Category	Data
Current Age	27
Age at Initial Presentation	25
Gender	Female
Educational Status	University student – Clinical Psychology
Location in Pakistan	Karachi, Sindh
Family History	No known autoimmune diseases
Socioeconomic Status	Partially stable; financial strained affected healthcare access

Table 2: Clinical Timeline

Diagnosis Stage	Details

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Initial symptom onset	Early 2023 – joint pain/stiffness, chronic fatigue, brain fog, significant swelling offingers (both hands), Psoriasis Patches, Blurry Vision, Vertigo, Dizziness, Facial Pain, Chronic Migraines, Jaw Lock Syndrome, Mild Anxiety
1st Diagnosis	Psoriatic Arthritis (mid - 2023)
2nd Diagnosis	Fibromyalgia (late - 2023)
Final Diagnosis	Systemic Lupus Erythematosus (early - 2024)
Total diagnostic delay	Approximately (12–15 months)

Table 3: Clinical Presentation by Diagnosis Stage

Symptom	Psoriatic Arthritis	Fibromyalgia	SLE
Joint pain/swelling	Hands, wrists, cervical, tmj	Diffuse pain	Hands, wrists, knees
Skin manifestations	Severe	Severe	Recurrent rashes, photosensitivity,
Fatigue	Severe	Severe	Severe
Morning stiffness	< 30-40 minutes	Minimal	>1 hour
Widespread pain	Yes	Yes	Yes
Fever	Low grade	Intermittent	Intermittent
Hair loss	Severe	Very Severe	Significant
Oral ulcers	Yes	Yes	Recurrent
Raynaud's phenomenon	No	Yes	Present
Renal involvement	No	No	Proteinuria

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Table 4: Diagnostic Investigations

Test	Findings
ANA	Positive (high titer)
Anti-dsDNA	Positive
Anti-Smith	Positive
Complement C3/C4	Significantly Low
Hemoglobin	Significantly Low; Anaemia
WBC count	Leukopenia
Platelets	Moderate thrombocytopenia
ESR	Elevated
CRP	Elevated
Urinalysis	Proteinuria

Table 5: Treatment History

Medication	Details / Response
NSAIDs	Partial relief
Methotrexate	Weekly injectable – partial control
Hydroxychloroquine	Ongoing – stabilization
Corticosteroids	Intermittent – good response
Pain modulators	Partial benefit
Antidepressants	Anti-Depressants, Sleeping Pills, Mood Stabilizers

Table 6: Healthcare Journey Challenges

Aspect	Details
Physicians consulted	12-15

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Specialists seen	General Physicians, ENT Specialists,Cardiologists, Internal Medicine Specialists, Rheumatologists , Dermatologist,Neurosurgeons/Neuropsychiatrists, Gynecologist (for recurrent history of miscarriages/still births), Psychiatrists, Plastic Surgeons
Facilities	Private clinics and hospitals
Financial burden	High out-of-pocket costs/ financial aid from primary care providers
Medication access	Inconsistent availability

Table 7: Impact Assessment

Life Domain	Impact	Severity
Academic performance	Had to drop PG program in the middle of the first semester, reduced productivity	Severe
Social life	Reduced participation	Moderate–Severe
Psychological health	Anxiety, depressive symptoms, sucidal ideation/attempts, Insomnia, Dissociative, Full blown panic attacks	Severe
Physical health/function	Chronic pain and fatigue, chronic anxiety attacks manifesting physical symptoms, Blood clot complications (one episode of a controlled heart stroke)	Severe
Financial status	Significant strain	Severe

Table 8: Diagnostic Criteria Met (EULAR/ACR 2019)

Criterion	Present	Details
Constitutional	Yes	Intermittent fever
Hematologic	Yes	Anemia, leukopenia

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Mucocutaneous	Yes	Malar rash, ulcers, alopecia
Musculoskeletal	Yes	Inflammatory arthritis
Renal	Yes	Proteinuria
Complement proteins	Yes	Low C3/C4
SLE-specific antibodies	Yes	Anti-dsDNA, Anti-Smith, Anti-Phospholipids