

Answer is SLE

Few subtle points in the question will guide you to the answer. The fact that young female, non erosive arthritis and solitary ulcer makes the diagnosis confined to SLE.

Presence of hard palate oral ulcer is hallmark of SLE, which forms one of the classification (diagnostic) and also disease activity assessment criteria.

Mucosal involvement is seen in upto 50 percent of patients with SLE and can manifest as white plaques, areas of erythema, or punched-out erosions or ulcers with surrounding erythema on the soft or hard palate or buccal mucosa. Oral ulcers are usually painless and can be the first sign of SLE.

Behcets:

Oral aphthous ulcer is one of the diagnostic requirement for behcets disease, however ulcers will be multiple and recurrent.

Herpes simplex:

Most commonly it manifests as gingivostomatitis. Here the ulcers will be painful, small that usually coalesce to form bigger lesions. Other sites like gums, tongue and other oral mucosal sites can also be involved.

Lichen planus:

They present as erosive frank ulcers having reticular and erythematous lesions. Lacelike Wickham's striae that are particularly evident on the buccal mucosa are often seen.