**Abstract**

This case report discusses a 31-year-old woman presenting with a subacute onset of high-grade fever and three months of progressive joint pain. Following an initial response to antirheumatic medications, she developed recurrent fever and joint inflammation. Extensive investigations revealed pancytopenia, inflammatory markers, and splenomegaly, leading to a diagnosis of secondary Hemophagocytic Lymphohistiocytosis (HLH) secondary to connective tissue disorder. Treatment with immunosuppressants showed marked improvement. The case highlights the challenges of early differentiation between Systemic Lupus Erythematosus (SLE) and secondary HLH, underscoring the significance of a multidisciplinary approach in managing such complex conditions.