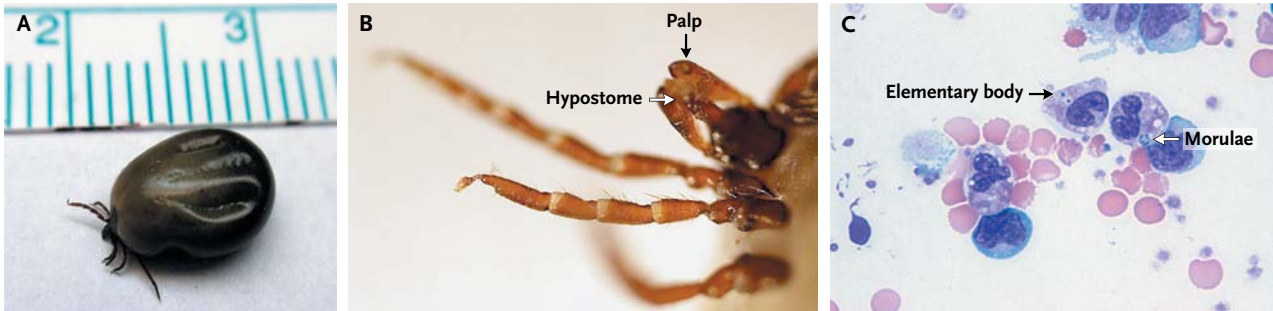


## IMAGES IN CLINICAL MEDICINE

## A Ticking Time Bomb



Sharon George, M.D.

Wayne State University  
Detroit, MI  
george.sharon15@gmail.com

Shaifali Sandal, M.D.

University of Rochester Medical Center  
Rochester, NY

**A** N 80-YEAR-OLD MAN PRESENTED IN NOVEMBER WITH A 3-WEEK HISTORY of malaise, hyperglycemia, and low-grade fevers. Diabetic ketoacidosis was diagnosed. A workup revealed leukopenia, anemia, thrombocytopenia, and elevated aminotransferase levels. At presentation, an engorged tick was removed from the patient's shoulder (Panels A and B). The patient reported that he had recently traveled to and stayed in the town of Mount Kisco, in Westchester County, New York, and he recalled removing a similar tick from his groin while there. Thin and thick blood smears, serologic samples, and polymerase-chain-reaction (PCR) assays were sent for suspected endemic tickborne illnesses, including Lyme disease, babesiosis, anaplasmosis, and ehrlichiosis. Empirical treatment with doxycycline, azithromycin, and atovaquone was initiated. The tick was identified as *Ixodes scapularis*. A Giemsa-stained peripheral-blood smear revealed neutrophilic intracytoplasmic inclusions (morulae) that were consistent with anaplasmosis (Panel C). PCR results confirmed the presence of *Anaplasma phagocytophilum*. The patient's response to treatment involved a rise in all cell counts and resolution of diabetic ketoacidosis.

DOI: 10.1056/NEJMicm1214469

Copyright © 2013 Massachusetts Medical Society.