A 45 year old man, a known case of chronic kidney disease since 10 years and on maintenance hemodialysis twice a week since then, hypertensive since 4 years and positive for Australia Antigen, was hospitalized in ICU with fever and chills, 7-8 episodes of diarrhea and breathlessness. There was no history of diabetes and asthma.

The blood samples were sent to the lab for further investigations. A complete blood count showed hemoconcentration, leucopenia and thrombocytopenia. Hb 15.1 gm/dl, total WBC count 1.93 x 10⁹/L, (myelocyte 1%, metamyelocyte 4%, band forms 14%, segmented neutrophils 30% lymphocytes 47% and monocytes 4%) and platelet count 102 x 10⁹/L. Peripheral blood smear demonstrated leucopenia with shift to left in granulocytes with toxic vacuoles and intracellular structures that exhibited a uniform and definite rod shape, suggestive of phagocytosed bacilli which were Gram negative on Gram stain.

Blood culture confirmed the blood smear finding of bacteremia and revealed the presence of *Klebsiella pneumoniae*.

The patient’s condition further deteriorated with blood pressure falling down to 70/30 mm of Hg and HGT of 17 gm/dl. Peripheral extremities were mottled and cyanosed.

Despite all efforts he died.

The finding of microorganisms in peripheral blood smear is unusual and should be regarded as a useful indicator of overwhelming infection, supporting an early and definitive diagnosis of septicemia. Although several species of bacteria have been described on the examination of peripheral blood smears, detection of bacteremia due to Gram negative rods on a film has been rarely reported.¹

**References**