Photo Quiz

(For answer and discussion, see page 4289 in this issue [[doi:10.1128/JCM.02106-12](https://doi.org/10.1128/JCM.02106-12)].)

Lady in Red

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FIG 1 Colony characteristics of the urinary isolate on cysteine lactose electrolyte-deficient agar.

A 28-year-old male soldier presented to a military hospital with a 2-day history of fever, chills, and dysuria. There was no history of hematuria, diarrhea, nausea, or vomiting. His past medical history was significant for an episode of acute appendicitis that had occurred 8 days previously, for which an emergency open appendectomy had been performed. Preoperatively, the patient was administered intravenous cefoxitin and underwent urinary catheterization with a Foley catheter. The catheter was removed 3 days after the surgery. His postoperative recovery was uneventful, leading to discharge 5 days after the procedure. He was married and in a monogamous relationship; other social and family history was noncontributory.

Physical examination revealed a temperature of 101.6°F and a pulse of 86 beats/min. Abdominal examination elicited minimal tenderness to palpation in the umbilical quadrant, with no guarding or rebound. The appendectomy wound was healthy, with well-approximated edges and minimal discharge. The patient's white blood cell (WBC) count was 13×10^3 cells/ μ l (normal range, 4×10^3 to 11×10^3 cells/ μ l), with 78% neutrophils, 15% lymphocytes, 4% monocytes, 2% eosinophils, and 1% basophils. Urine analysis revealed 12 to 15 WBCs/high-

power field (HPF), 1 to 2 red blood cells (RBCs)/HPF, and 1 to 2 epithelial cells/HPF, but the results for proteins and sugar were negative. No casts or crystals were seen; however, approximately 8 to 10 bacteria/HPF were detected.

Gram staining of the urine specimen showed Gram-negative bacilli with numerous pus cells. The specimen was cultured on cysteine lactose electrolyte-deficient (CLED) medium for isolation of urinary tract pathogens and estimation of significant bacteriuria using the semiquantitative technique. Overnight growth revealed circular, convex, smooth, glistening bacterial colonies with nondiffusible magenta-red pigment (Fig. 1). Semiquantitative plating showed confluent growth indicative of significant bacteriuria based on Kass's concept ($>10^5$ cells/ml). Repeat blood cultures (Bactec 9240; Becton Dickinson, Sparks, MD) were negative.

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