Photo Quiz

(For answer and discussion, see page 4454 in this issue [[doi:10.1128/JCM.00909-13](https://doi.org/10.1128/JCM.00909-13)].)

All That Glitters Is Not Gold!

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FIG 1 Direct Gram stain of the knee aspirate.

A 28-year-old male smoker presented to the emergency department with productive cough, sore throat, nausea, vomiting, and several hours of multiple joint pains, involving the right knee and shoulder. The pain started in the right shoulder and then progressed to the right wrist and knee and worsened with movement. The patient's pertinent negative history included absence of fever, rash, chills, dysuria, lower extremity swelling, or trauma. The patient was sexually involved in a monogamous relationship with a female partner but did not report using condoms. The patient's past medical history was significant for an arthrocentesis of the right knee performed 6 months prior to the current admission (further details not available). Family and travel history was not contributory. The physical examination revealed a nontoxic, ill-appearing, moderately nourished male with a warm, tender right knee with a limited range of motion (ROM). An intra-articular effusion was clinically apparent and was confirmed subsequently radiographically, but without changes of osteomyelitis. The wrist and the shoulder joints showed limited ROM with no

swelling. No urethral discharge was present. The differential diagnosis included streptococcal or viral upper respiratory infection, possibly infectious joint effusion, and primary arthritis or crystal arthropathy. Arthrocentesis of the right knee yielded purulent fluid, which was subsequently sent for cell count and biochemical and microbiological analysis. A direct Gram stain from the knee aspirate (Fig. 1) showed numerous neutrophils and many intracellular and extracellular organisms.

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