Photo Quiz

(For answer and discussion, see page 247 in this issue [[doi:10.1128/JCM.00164-14](https://doi.org/10.1128/JCM.00164-14)].)

Isolation of an Unusual Gram-Positive Coccus from a Positive Blood Culture in a Patient with Pneumonia

Nuntra Suwanarat,^a Mark Romagnoli,^b Karen C. Carroll^{a,b}

Division of Medical Microbiology, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA^a; Microbiology Laboratory, Johns Hopkins Hospital, Baltimore, Maryland, USA^b

FIG 1 Gram stain of the isolate recovered from a positive blood culture on 5% SBA 48 h after incubation.

A 47-year-old male presented with signs and symptoms of left lower lobe pneumonia. At that time, sputum culture revealed only normal respiratory flora. The patient received intravenous ceftriaxone and azithromycin during his hospitalization, and after his discharge, he completed a 7-day course of oral azithromycin treatment. Soon after treatment, the patient returned to the emergency department (ED) with worsening cough, chest congestion, and conjunctival discharge. The physical examination was unremarkable except for tachycardia, mild bilateral conjunctival injection, poor oral dentition, and decreased breath sounds over the left lower lung field. There were no signs or peripheral stigmata of endocarditis. The chest radiograph showed minimal infiltration in the left lower lobe. The patient was admitted for presumptive pneumonia and was empirically treated with intravenous vancomycin and piperacillin-tazobactam. His clinical course improved. He was discharged home on hospital day 3 and completed a 10-day course of amoxicillin-clavulanic acid. One set of blood cultures ob-

tained peripherally by the ED was flagged positive by the Bactec-FX blood culture system (Becton Dickinson, MD, USA) in the Bactec Plus aerobic bottle after 4 days of incubation. Gram stain of the blood culture bottle at that time revealed Gram-positive cocci in clusters. The positive vial was subcultured to Trypticase soy agar plates supplemented with 5% sheep blood (5% SBA; Becton Dickinson, MD, USA) and incubated at 35°C in 5% CO₂. After 48 h of incubation, Gram stain of the blood culture revealed the organisms shown in Fig. 1.

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Address correspondence to Nuntra Suwanarat, nsuwant1@jhmi.edu.

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