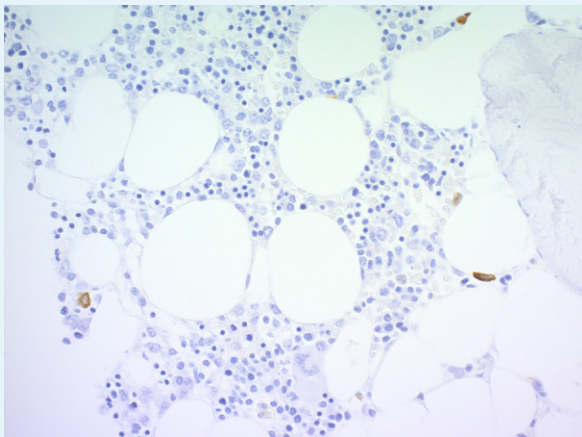


# Something is missing

J. Hanssen<sup>1\*</sup>, E. Planken<sup>1</sup>, W. Den Hartog<sup>2</sup>

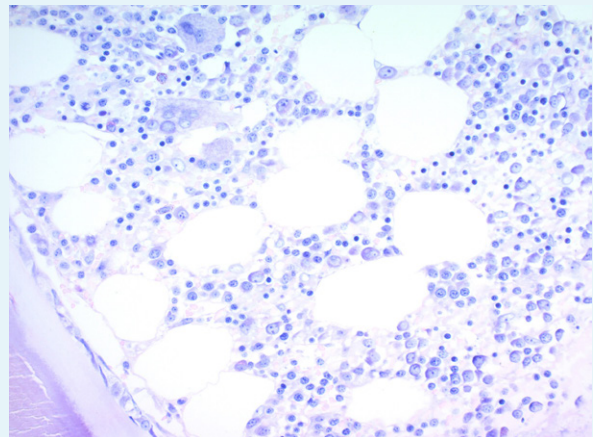
Departments of <sup>1</sup>Internal Medicine and <sup>2</sup>Pathology, Alrijne Hospital, Location Leiderdorp, the Netherlands. \*Corresponding author: [jljhanssen@gmail.com](mailto:jljhanssen@gmail.com)

**Figure 1.** Bone marrow biopsy, myeloperoxidase stain 200x enlarged, 677 x 508 mm (96 x 96 dpi)



dpi = dots per inch

**Figure 2.** Bone marrow biopsy, Giemsa stain 200x enlarged, 677 x 508 mm (96 x 96 dpi)



dpi = dots per inch

## CASE REPORT

An otherwise healthy 36-year-old Caucasian man presented to the emergency department with a two-day history of fever, nausea, and headache. He was taking ibuprofen for four weeks because of lower back pain. On physical examination, there was nuchal rigidity and fever. Laboratory testing revealed an elevated C-reactive protein of 162 mg/ml, haemoglobin of 9.1 mmol/l, thrombocytes of  $258 \times 10^9/l$ , lymphocytes of  $0.7 \times 10^9/l$  and  $0.0 \times 10^9/l$  neutrophilic, eosinophilic, and basophilic granulocytes in the peripheral blood. There was no previous granulocytes count known to be conducted. A lumbar puncture was

performed and the spinal fluid revealed low glucose and 1 leucocyte/mm<sup>3</sup>. Subsequently, a presumptive diagnosis of meningitis was made and treatment with meropenem initiated. The next day, a bone marrow biopsy was done (figures 1 and 2).

## WHAT IS YOUR DIAGNOSIS?

See page 213 for the answer to this photo quiz