



## Picture of a Microorganism

*Plasmodium falciparum* and blood cultures: ‘rings’ a bell?Thomas Weitzel <sup>1, 2, 3, \*</sup>, Lorena Porte <sup>1</sup><sup>1)</sup> Laboratorio Clínico, Clínica Alemana de Santiago, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo, Santiago, Chile<sup>2)</sup> Programa Medicina del Viajero, Clínica Alemana de Santiago, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo, Santiago, Chile<sup>3)</sup> Instituto de Ciencias e Innovación en Medicina (ICIM), Facultad de Medicina Clínica Alemana, Universidad del Desarrollo, Santiago, Chile

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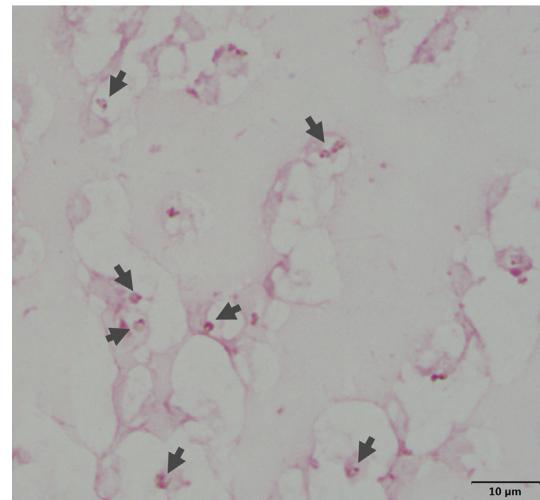
Malaria

*Plasmodium falciparum*

The phenomenon of ‘false’ positive growth triggered by malaria parasites in automated blood culture systems has been reported before in falciparum malaria patients with parasitaemias of 1.8%–10% [1–4]. In these reports, aerobic or anaerobic blood cultures were positive after 12–42 hours; in our case, probably because of the higher parasite density, the detection time was significantly shorter. It has been suggested that *P.falciparum* is capable of growth and maturation for at least 3 days in blood culture media [1]. This hypothesis was supported by our observation of mature trophozoites (Fig. 2), which usually do not appear in peripheral blood films. Microbiological laboratories should be familiar with the

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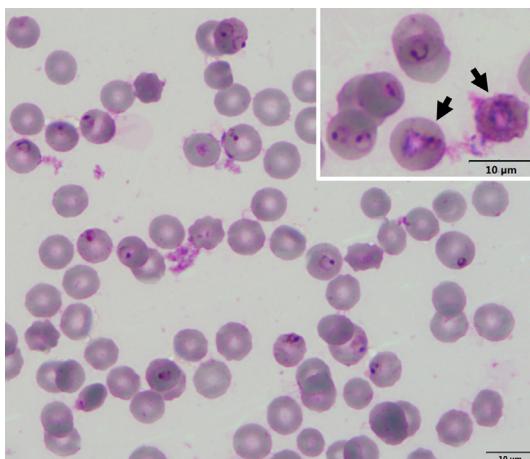
The microbiological laboratory received two sets of aerobic/anaerobic blood cultures (Bact/Alert), which were processed in an automated system (Bact/Alert 3D). Aerobic bottles signalled growth after 3.7 and 4.1 hours, so Gram stains were performed, revealing various ring-shaped Gram-negative structures, not compatible with bacterial or fungal elements (Fig. 1). Giemsa-stained preparations of the same material demonstrated ring stages of *Plasmodium falciparum* (Fig. 2). The specimens derived from a 30-year-old Chilean man, who presented with fatigue, fever and jaundice after returning from Cameroon, where he had worked over several months. Severe falciparum malaria (parasitaemia, 19%) had been diagnosed by blood films and PCR the previous day; he was treated with intravenous artesunate and recovered without complications. Positive-flagged blood cultures were re-incubated and subcultured to exclude concomitant bacteraemia.



**Fig. 1.** Gram stain of positive blood culture bottle showing multiple round Gram-negative structures with a diameter of 2–3  $\mu\text{m}$  (arrows). The ring-shaped appearance with a denser chromatin dot should arouse suspicion of malaria parasites.

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**Fig. 2.** Giemsa stain of the same blood culture confirming *Plasmodium falciparum* parasites with typical morphological criteria such as double trophozoite infection, double chromatin dots and multiple infected cells within high-power field (indicating high parasitaemia); besides the predominant early trophozoites (ring forms), there are also mature trophozoites (arrows), which are characterized by larger, irregular parasites within normal-sized red blood cells.

appearance of *Plasmodium* parasites in Gram-stained blood culture specimens, because they provide important diagnostic hints,

especially in patients suffering from life-threatening falciparum malaria.

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