A 17-year-old male with short gut syndrome secondary to Hirschprung disease presented with a 2-week history of night sweats. He had an indwelling central line for total parental nutrition (TPN) supplementation and a history of multiple line infections with a variety of organisms. After completing a 10-day course of prophylactic fluconazole, and 1 week before the onset of night sweats, he had 4 teeth extracted.

Complete blood count showed a leukocyte count of $4.0 \times 10^3$/mL (73% neutrophils) and the peripheral blood smear revealed neutrophils with brilliant blue–colored yeast-like intraleukocytic organisms, 2 to 4 μm in diameter (see figure, Wright-Giemsa). The organisms had neither the pseudocapsule or eccentric chromatin suggestive of *Histoplasma capsulatum*; nor did they produce the “collarettes” indicative of the phialides of *Malassezia furfur*, a lipid-dependent yeast associated with fungemia in patients requiring TPN. Subsequently, blood cultures grew *Candida glabrata*. The isolate had a minimum inhibitory concentration of 16 μg/mL to fluconazole and 0.015 μg/mL to micafungin. Anidulafungin therapy was initiated and the infection cleared.

*Candida glabrata* is a commensal yeast of the gastrointestinal tract and mucocutaneous membranes of humans. It may cause bloodstream infections, especially in immunocompromised individuals or in those with indwelling lines.
Yeast-like intraleukocytic inclusions in a peripheral smear

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