A 70-year-old Caucasian male initially presented to the emergency department (ED) of our hospital with fever and chills, which began one hour prior to presentation. He reported nausea and a productive cough with greenish sputum.

**PMH:**
- ESRD on HD
- Failed kidney transplant
- CAD
- Recurrent pneumonia
- Hypertension

**Vital signs:**
- Temperature 39.4°C
- Blood pressure: 87/55 mm Hg
- RR 18 breaths per minute

**Laboratory findings:**
- WBC 15.12 K/µL
- Platelets 104 K/µL
- Na 134 mmol/L
- K 4.0 mmol/L
- HCO3 20 mmol/L
- BUN 39 mg/dl
- Cr 4.5 mg/dl
- Lactic acid 2.77 mmol/L

**Immunocompromised state:**
- An immunocompromised state was not considered to be a source of our patient’s bacteremia/sepsis because it is simply not a common cause of bacteremia. Wilson and Ho proved that, *P. multocida* infections are highly aggressive with skin or soft tissue inflammation, often manifesting within 24 hours and causing fever, pain, and lymphadenopathy. Bradaric et al., also described a patient who presented with bacteremia and shock after being bitten by a cat on her lower leg 24 hours prior to presentation. Although the patient’s bacteremia and shock resolved after treatment with amoxicillin and clavulanic acid, she further developed erysipeloid-like cellulitis within the next 48 hours which responded to penicillin G and netilmicin. Infection with *P. multocida*, even in severe cases, can be treated successfully without relapse. The recommended length of treatment is 10 to 14 days with penicillin or, alternatively, a second or third generation cephalosporin, tetracycline or fluoroquinolone.

**List Image Captions:**
A. *P. multocida* gram stain of blood culture (12)
B. Electron microscopy of *P. multocida* (11)
C. Cellulitis of the right 2nd finger (13)
D. *P. multocida* cellulitis of LLE (15)

**Discussion**

*P. multocida* was not considered to be a source of our patient’s bacteremia/sepsis because it is simply not a common cause of bacteremia. Wilson and Ho proved that, *P. multocida* infections are highly aggressive with skin or soft tissue inflammation, often manifesting within 24 hours and causing fever, pain, and lymphadenopathy. Bradaric et al., also described a patient who presented with bacteremia and shock after being bitten by a cat on her lower leg 24 hours prior to presentation. Although the patient’s bacteremia and shock resolved after treatment with amoxicillin and clavulanic acid, she further developed erysipeloid-like cellulitis within the next 48 hours which responded to penicillin G and netilmicin. Infection with *P. multocida*, even in severe cases, can be treated successfully without relapse. The recommended length of treatment is 10 to 14 days with penicillin or, alternatively, a second or third generation cephalosporin, tetracycline or fluoroquinolone.

**References**