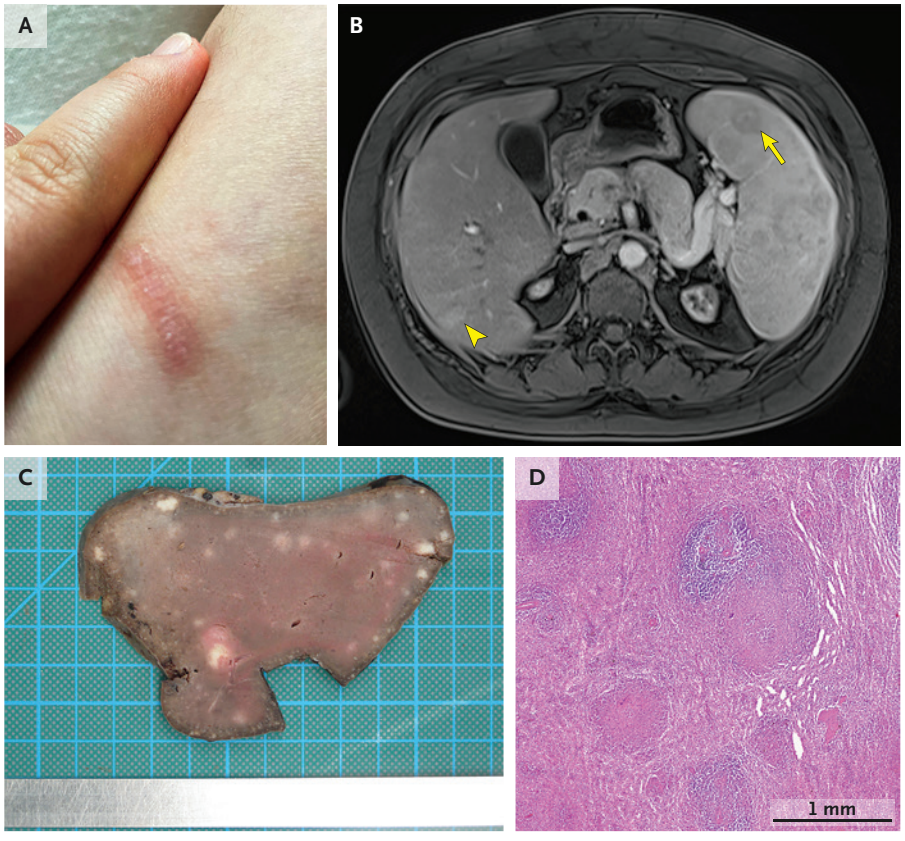
IMAGES IN CLINICAL MEDICINE

Disseminated Bartonellosis



A 29-year-old woman was transferred to a tertiary care hospital for evaluation of fever that had persisted despite extensive testing and empirical treatment. The patient had undergone kidney transplantation 5 years earlier and had been taking tacrolimus, methylprednisolone, and mycophenolic acid. On physical examination, a healing scratch from the patient's cat was noted on the medial right thigh (Panel A). T1-weighted magnetic resonance imaging of the abdomen (Panel B) showed splenomegaly and lesions on the liver (arrowhead) and spleen (arrow). Serum testing for *Bartonella henselae* infection revealed an IgM titer of 1:192 (reference value, <1:12) and an IgG titer of less than 1:64 (reference value, <1:64); a polymerase-chain-reaction (PCR) assay of the serum for *B. henselae* was negative. Treatment with azithromycin and rifampin for possible bartonellosis was initiated. To rule out lymphoma, a splenic biopsy was performed and resulted in hemorrhage that led to splenectomy. Gross examination of the spleen showed whitish nodules (Panel C). Histopathological analysis of splenic tissue showed necrotizing granulomas (Panel D, hematoxylin and eosin stain). A PCR assay of the tissue for *B. henselae* was positive. A diagnosis of disseminated bartonellosis — which can manifest with hepatosplenic involvement in patients with immunodeficiency — was made. Six weeks after finishing treatment, the patient had returned to her usual state of health.

Christoph F. Mahler, M.D.,[1] and Florian Kälble, M.D.[2]
[1]Heidelberg University Hospital, Heidelberg, Germany; [2]University of Heidelberg, Heidelberg, Germany.

Christoph F. Mahler can be contacted at christophfriedrich.mahler@med.uni-heidelberg.de.

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