

## Thrombophagocytosis

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## LETTER TO THE EDITOR

### Thrombophagocytosis

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An 81-year-old woman with pyelonephritis caused by *Escherichia coli* developed asymptomatic thrombocytopenia (platelet count  $71\,000\,\mu\text{l}^{-1}$ ) on the third day of hospitalization. A peripheral blood smear revealed monocytes (Figure 1A) and neutrophils (Figure 1B–D) with platelets in their cytoplasm. In particular, thrombophagocytosis was observed in more than 50% of neutrophils. Laboratory workup for other causes of thrombocytopenia including disseminated intravascular coagulation was negative.

The patient completed an uneventful course of antibiotic therapy. Thrombophagocytosis is a rare phenomenon. Only two cases of peripheral thrombophagocytosis have been reported previously: one in urosepsis caused by *Citrobacter freundii* [1] and the other one in B-cell lymphoma [2]. We are also aware of three reported cases of thrombophagocytosis in the bone marrow: two in haemophagocytic syndrome [3, 4] and one in juvenile dermatomyositis [5]. The binding of pathogens to platelets in septicemia is

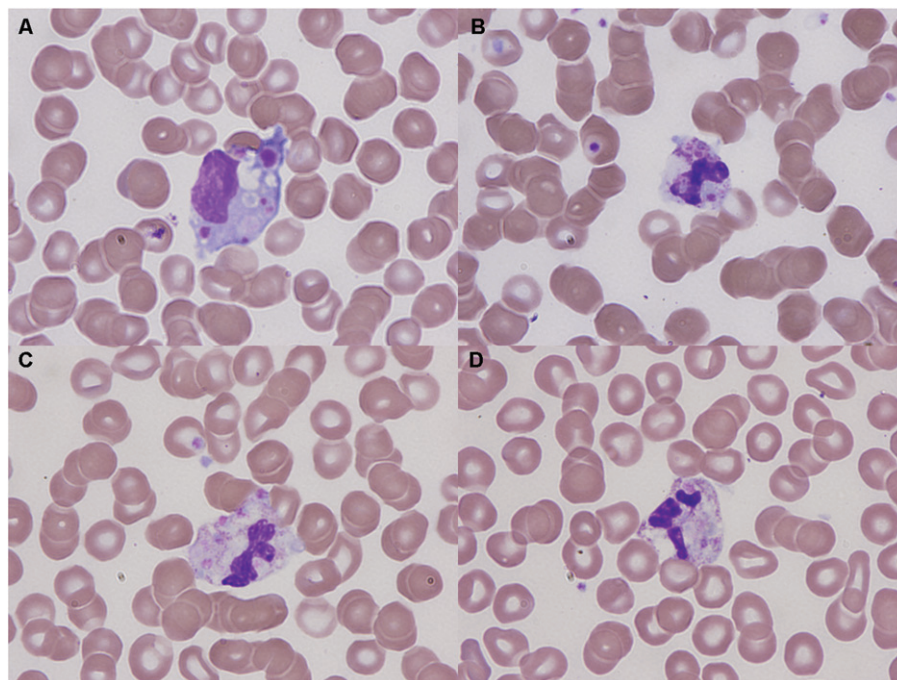


Figure 1. Peripheral blood smear showing thrombophagocytosis in a patient with pyelonephritis: (A) monocytic and (B–D) neutrophilic thrombophagocytosis.

thought to mediate thrombophagocytosis by neutrophils and monocytes.

**Declaration of interest:** The authors report not conflict of interest. The authors alone are responsible for the content and writing of the paper.

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