The genus *Corynebacterium* consists of ~88 species. Many are part of human skin flora and historically nearly always dismissed as culture contaminants.

*Corynebacterium jeikeium*, one of the *Corynebacterium* species, was initially described in 1976 and is recently described as an emerging nosocomial pathogen. This bacterium is often disregarded by physicians as a culture contaminant and not considered as a true pathogen.

*Corynebacterium jeikeium* is an established pathogen in patients with immunocompromised states, especially those with indwelling medical devices, and impaired skin integrity.

**CASE SUMMARY**

- A 70-year-old woman with acute myeloid leukemia, on azacitidine and venetoclax chemotherapy, was hospitalized with neutropenic fever. Her initial work-up, which included a chest radiograph and cultures of blood and urine, was negative. Empiric antibacterial and antifungal coverage were maintained.
- On the third hospital day, a right arm cellulitis was noted at the site of a former peripheral intravenous line (picture 1). Ultrasound exam showed an occlusive thrombus of the cephalic vein. An incisional debridement with surgical venectomy was performed. The cultures of the operative specimen were negative. Pathology examination showed vein with occlusive thrombus. Her neutropenia subsequently recovered, and with resolution of the cellulitis, she was discharged home to resume chemotherapy.
- One month later, she was again hospitalized with neutropenic fever, at which time a cellulitis associated with her right arm surgical wound was found. Blood cultures obtained on admission grew a Gram-positive rod, subsequently identified as *Corynebacterium jeikeium*. An incisional debridement of the surgical wound was performed, and deep cultures were obtained, which also grew *Corynebacterium jeikeium*. She was treated with vancomycin and cefepime. The right arm cellulitis improved significantly, and there was no further growth from blood cultures.
- Over her subsequent hospital course, she remained pancytopenic, with the development of hypoxemia and pulmonary infiltrates. Despite aggressive measures, she failed to improve, eventually opting for hospice care.

**REFERENCES**

