A previously healthy 60-year-old woman presented with a 2-to-3-day history of fevers, chills, myalgias, headache, and two pruritic areas on her back. She had returned 3 days earlier from a 2-week trip to Botswana and Zimbabwe that had included canoeing and camping. She had received vaccines before her travel and was continuing to take atovaquone–proguanil for malaria prophylaxis. The examination was notable for the two erythematous lesions, each measuring 3 to 4 cm in diameter, on her back (Panel A shows one of the lesions). Laboratory tests revealed a mild leukopenia and moderate thrombocytopenia (85,000 platelets per cubic millimeter). A peripheral-blood smear detected no parasites. Symptoms persisted 4 days later, at which time there was evidence of severe thrombocytopenia (12,000 platelets per cubic millimeter). A peripheral-blood smear revealed multiple organisms consistent with *Trypanosoma brucei* (most likely *T. brucei rhodesiense*) (Panel B). Examination of the cerebrospinal fluid was unremarkable. The patient was treated for several days with intravenous pentamidine; she then received five doses of suramin over a period of 3 weeks. Her recovery was notable for prolonged fatigue, which lasted for several months.

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