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Case Report

The Midnight Caller: A Nocturnist Broadcast

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10:00 p.m. — On Air: The Night Begins

Hospitals at midnight feel like a different country—one with its own weather system, its own language, its own physics. The lights dim, the air thickens, and every sound seems amplified: the distant alarm, the shuffle of tired shoes, the low murmur of nurses gathering at the station.

This is the hour when the work of medicine turns investigative.

The people who work these hours become a certain kind of detective—moving through half-lit corridors, listening for subtle shifts in the night, piecing together fragments of human frailty one clue at a time.

10:15 p.m. - The Signal Opens

The page came through. Not loud. Not urgent. Just the quiet chime that slips into a nocturnal broadcast as the music fades out.

Emergency department admission. Middle-aged man. Fever. Fatigue. Body aches. Relentless weakness.

When I met him, he looked like someone unraveling from the inside—quietly, insistently—in ways he couldn't yet explain.

10:32 p.m. — The Emergency Department: First Contact

He was pale, sweating, and slumped forward. His voice barely carried.

"I've been feeling miserable for twelve days," he said.

"Diarrhea—every day."

His temperature: 103 degrees Fahrenheit.

The labs arrived in staccato bursts across my pager:

"Hemoglobin 11.1 mg/dl". Anemia.

"Platelets 32 x 10⁹/L". Severe thrombocytopenia.

"Creatinine 1.53 mg/dl". Rising creatinine.

"ALT 90U/L, AST 108 U/L". Elevated liver enzymes.

Each number tightened something in my chest.

"Platelets are scary low", I thought, as adrenaline was sharpening the edges of my focus.

The differential diagnosis spread out like a darkened alleyway: sepsis, TTP/DIC, hemolysis, leukemia, infection.

Nothing fit neatly. Everything felt possible.

And it was only getting later.

11:03 p.m. — The Lab

I called the lab tech—one of the quiet heroes of after-hours medicine.

"Can you run a smear?"

A hum on the other end. Machines thrumming behind him.

"When it's done," he said, "I'll call you. You can come down."

Minutes later, beneath the cold glow of the microscope— I was searching through a microscopic city for clues.

No schistocytes. No explosive hemolysis.

The case tightened.

And then.... there it was!

Faint. Glinting. Unmistakable to anyone who has ever hunted for it.

Intra-erythrocytic ring forms.

"Parasites"! Could be Babesia?" I whispered. "Less likely malaria."

The night felt heavier the moment I said it out loud. My cell-phone camera clicked.

11:17 p.m. — The Broadcast Co-Hosts: Infectious Disease, Hematology and Nurses

11:18 p.m. - First Call

I paged the Infectious Disease on-call for that night - calm, steady voice that anchors the night when questions multiply. "Sending you smear images," I said. "Need your eyes." Silence followed—not empty, but weighted. The kind that settles in during a podcast pause, when the host lets the listener sit with the fresh evidence.

"These look like Babesia..." he said with a low voice, as though naming it made the night listen closer.

And then, quickly he added:

"Start atovaquone and azithromycin now. PCR in the morning. Check Lyme, Anaplasma, Ehrlichia. And repeat the malaria smear!"

The urgency in his voice mirrored my own.

12:14 a.m. - Second Call

Another call—to Hematology. Not for orders. For confirmation that I wasn't missing something catastrophic.

"TTP / HUS and other MAHAs stay on the list," he said, sounding as tired as I felt. "But without schistocytes, far less likely."

"Agreed," I said. "I've started treatment."

"Get a type and screen," he replied. "If he needs products, we should be ready. I'll see him at first light."

The line clicked off.

The hospital settled back into its low hum—the kind of quiet that makes you suddenly aware of your own breathing.

1:00 a.m. — The Spiral: Signal Fading

This is the hour when cases tip—when the night stops observing and starts acting. Each call was a new turn in the spiral—one more layer of unease settling onto the night.

My pager went off — a sharp crack of sound in the low hum of the unit, like interference breaking through a late-night broadcast.

From his nurse: "FYI: low urine output."

The broadcast dipped. My pulse kicked hard.

"Start IV fluids," I said. "Watch his pressures closely."

Another adjustment to the console. Another attempt to keep the transmission alive. But the case was spiraling now—and the night was starting to push back.

The overnight team moved in sync, like co-hosts sliding seamlessly into a live broadcast: nurses, techs, consultants—each voice filling a silence, each action as another attempt to keep this signal from dropping.

8:40 a.m. — Off Air, But Program Continues

Morning arrived the way it always does—abrupt, fluorescent, unforgiving.

My shift officially ended, but this was no longer just a handoff. I stayed a little longer like a detective who's technically off duty but still listening to the police scanner crackle in the background.

I followed his labs from the workroom while day-teams took over. I answered their questions. I replayed the night in my head, scene by scene, looking for anything I might have missed.

Early afternoon, I was home, but the signal broke in on pager — loud, urgent, impossible to ignore.

1:45 p.m. — The Rapid Response

"RRT! RRT! Code Stroke!"

The STAT CT results came in like a dead zone in the broadcast.

No chatter. No softening. Just the unmistakable sense that, somewhere in the hospital, a room had gone quiet: massive intracranial hemorrhage.

His platelets barely budged despite transfusion. His marrow, his vessels, his physiology locked in a losing war.

1:25 p.m. – The ICU

Neurology.

Critical care.

Hematology.

Everyone at the bedside. Everyone retracing steps that had already been wrung dry as if the day itself had been pressed for answers it could no longer give.

Medicine exhausting its arsenal in real time.

Still, he slipped away—quietly, the way a detective loses a case in the early hours. The leads run dry. The signal has gone thin. The file closed with answers just out of reach.

48 hours later — The Clue Revealed

The case had ended the way lost cases do—quietly, without resolution. Yet, I lingered in its wake, watching the edges for movement, waiting for the truth to step into the light.

It did—at dawn. Long after it could change anything.

One thin line in the chart: Babesia microti by PCR: Detected. A confirmation that came through like a sign-off message, that drifted in after the station had already gone dark.

The Takeaway: What Evidence Revealed

This is the part in the broadcast where the music softens, and the host steps back.

Babesiosis doesn't announce itself. It slips in quietly, wearing borrowed faces—fever, hemolysis, thrombocytopenia, organ

failure—passing itself off as sepsis, posing as TTP or HUS, counting on familiarity to keep suspicion elsewhere. In severe cases, it doesn't just deceive—it accelerates. A thief who moves fast and leaves little behind—setting off a chain reaction of inflammation and hematologic collapse that

outruns even the fastest response.

And sometimes, the only reason it's recognized at all is because—a lab tech squinted at a slide, a tired Hospitalist trusted their unease, or a specialist awakened at midnight—all refusing to let the night swallow the clues.

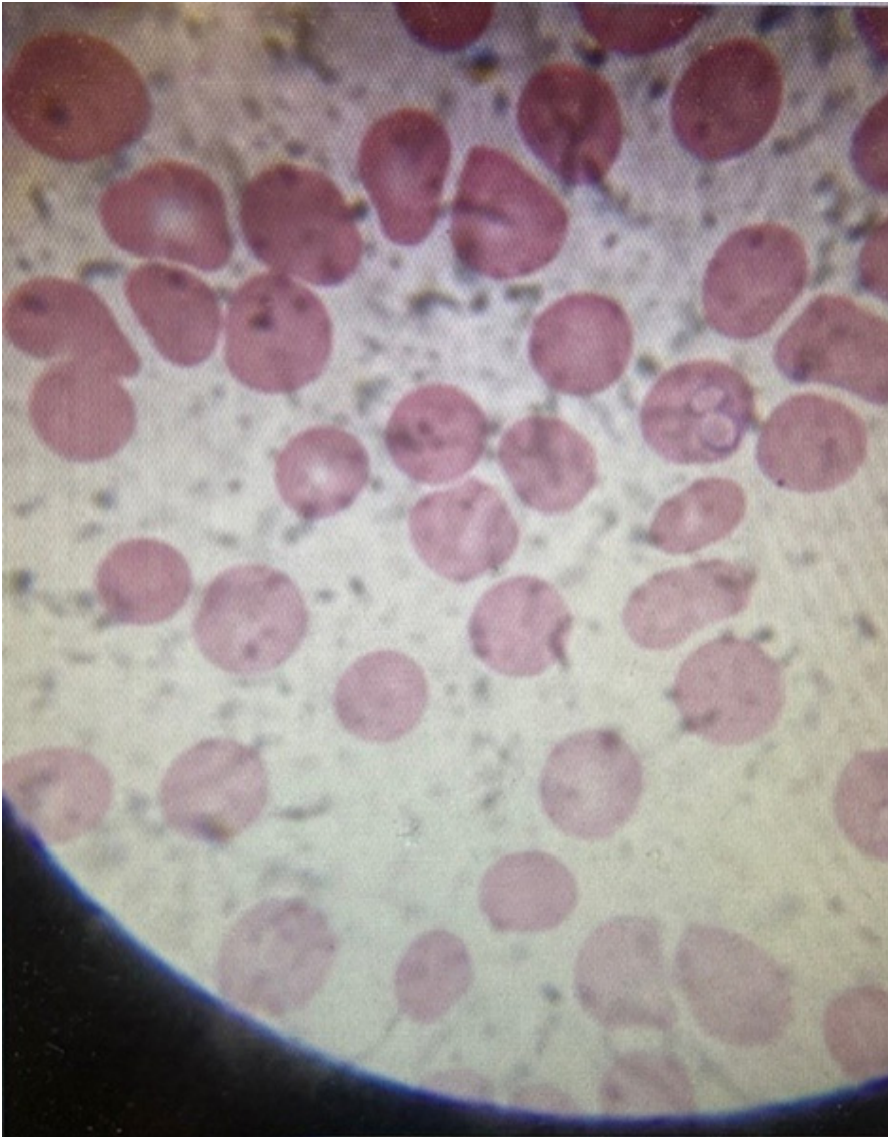


Image 1: Peripheral Smear done at admission showing intraerythrocytic forms compatible with Babesia Microti

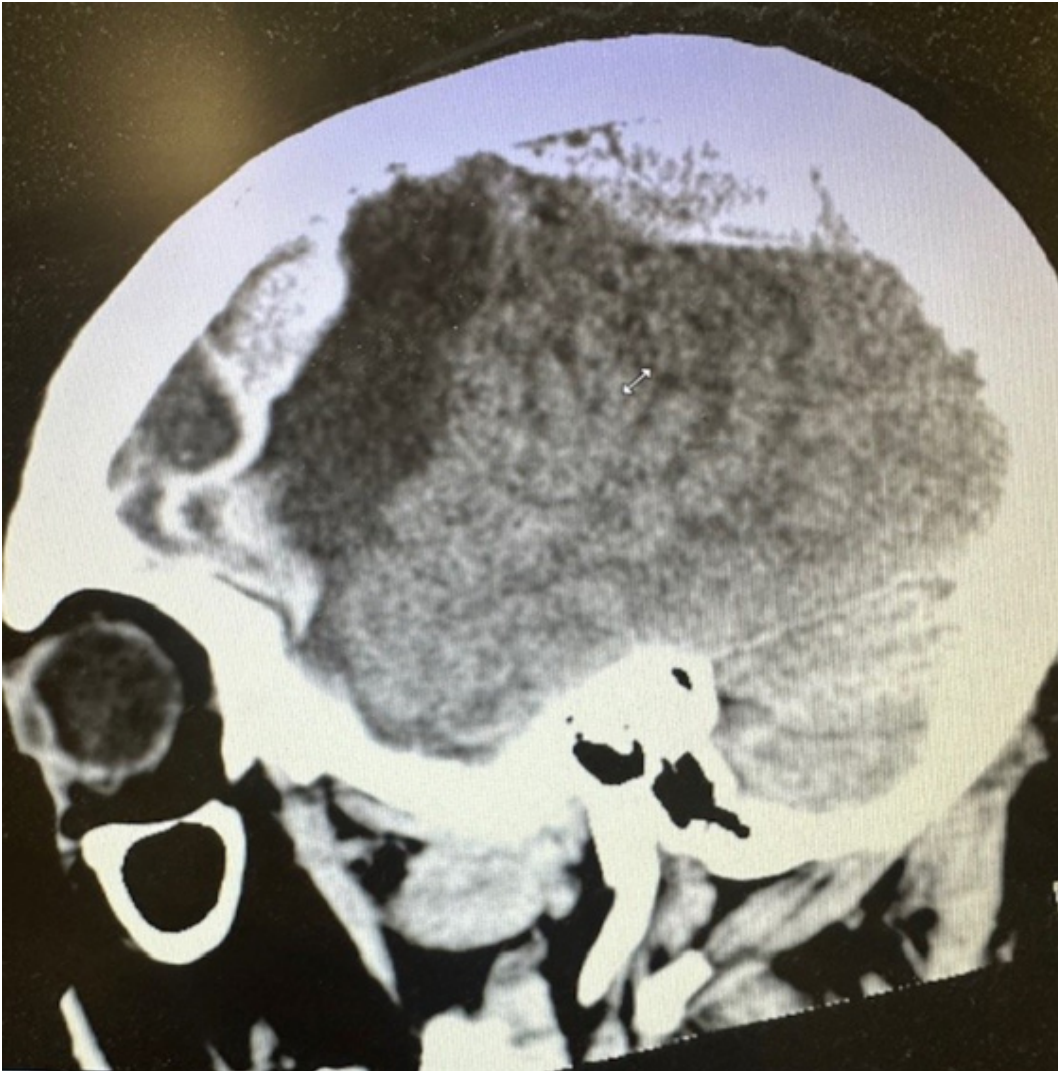


Image 2: CT Angiography Head and Neck with IV contrast showing a large left holohemispheric acute subdural hematoma with rightward subfalcine herniation and left uncus herniation with extensive effacement of basal cisterns

Sign-Off Spiel

Some cases don't feel like case reports.

They feel like late-night radio shows—messages whispered through dim corridors, full of urgency and intuition, echoing the limits of what humans can do while the world lies unaware.

This case unfolded like a midnight broadcast: rising tension, half-seen clues, voices on the line guiding each decision.

And then it slipped off the air.

The night-shifters moved quietly back to their work—nurses, techs, doctors—all those unseen voices who keep the Hos-

pital's signal alive, guarding the night, so the rest of the world can rest.

They are the custodians of the dark hours, carrying the night forward, with steady hands and steady hearts, holding the broadcast long after the story ends—so that others may wake to the morning, unaware of how faithfully the night was kept.

And when it finally goes quiet, you can almost hear that old-film sign-off drifting through the unseen radio waves:

“Good night, America... wherever you are.”

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