Beyond Deli Meat: A Novel Case of Listeria-Triggered Autoimmune Hemolytic Anemia

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BACKGROUND

Warm autoimmune hemolytic anemia occurs in approximately 2 in 100,000 people. 50% of cases are idiopathic and secondary cases are seen in lymphoproliferative disorders, autoimmune conditions and infections. Typical treatment consists of steroids ± Rituximab.

PATIENT PRESENTATION

We present a 69-year-old man with minimal healthcare engagement, whose only notable history was extensive chronic tobacco use. In the months before presentation, he developed weakness, exertional dyspnea, fatigue, and jaundice.

ADMISSION DATA

WBC	9.9	LDH	1269	CT chest/abdomen/pelvis:
Hgb	3.1	Bili	8.0	Notable for splenomegaly
PLT	138	Haptoglobin	<10	TTE:
MCV	145	pro-BNP	5631	EF 39% w/ global hypokinesis

9/3
Hgb 3.1
1U pRBCs

9/5
Hgb 5.6
LDH 1163
Bili 6.3
DAT IgG pos
60mg pred

9/6
Hgb 6.5
LDH 895
Bili 6.3
Dose #2 Rituximab

9/7
Hgb 5.7
2U pRBCs

9/12
Hgb 6.5
LDH 952
Bili 5.6
Dose #2 Rituximab

9/14-9/15
Febrile →
Blood cultures with *Listeria*
Ampicillin

9/19
Hgb 9.2
LDH 819
Bili 3.4
Dose #3 Rituximab

9/26
Hgb 6.2
Dose #4 Rituximab

9/30
Hgb 6.4
IVIG
100mg pred

10/1
Hgb 6.7
IVIG #2
FINISH ampicillin

10/7
Hgb 7.4
LDH 458
Dose #1 Daratumumab

10/16
Hgb 8.3
Dose #1 Daratumumab

10/20
Hgb 9.3
DISCHARGED

OUTCOME

Patient was discharged, received two additional doses of Daratumumab. He was weaned off prednisone by 3/2026 and has been maintained on Rituximab monthly. EF improved to 55% by December.

CONCLUSION

This case illustrates an atypical case of AIHA—apparently triggered by *Listeria* bacteremia, not previously reported in the literature. Notably, this was a refractory case that required treatment with Daratumumab.