A 33-year-old man who had migrated from Sierra Leone to the United States at age 2 years presented with persistent diffuse abdominal pain of several months duration associated with fever. Physical examination revealed a temperature of 39.4°C, tachycardia to 148 beats per min, and blood pressure of 110/75 mm Hg. The patient was cachectic with a diffusely tender abdomen that demonstrated no rebound, guarding, or organomegaly. He had no lymphadenopathy and no focal skin or neurological finding at the time of examination. Over the next several days, the patient became increasingly somnolent and required transfer to the medical intensive care unit for ventilatory support.

Laboratory test results were significant for a WBC count of 31,000 cells/mm³ (neutrophils, 52%; band forms, 7%; lymphocytes, 36%; atypical lymphocytes, 3%). The patient’s serum sodium level was 129 mg/dL, and his alanine aminotransferase level was mildly elevated, at 90 U/L. The patient’s serum lactate dehydrogenase level was 1823 U/L. Test results were negative for serum antibodies for HIV. *Clostridium difficile* toxin assays also had negative results. CT scan of the patient’s abdomen showed diffuse small bowel wall thickening without evidence of significant lymphadenopathy, and a CT scan of his head revealed no evidence of acute abnormality. Lumbar puncture showed a WBC count of 1085 cells/mm³ (neutrophils, 93%) and glucose and total protein concentrations of 101 mg/dL and 140 mg/dL, respectively. Cultures of a CSF sample and a blood sample obtained the same day grew vancomycin-resistant *Enterococcus faecium*. Urine culture results were negative. The peripheral blood smear is shown in figure 1.

What is your diagnosis?