

## Abstract

Melioidosis is a rare infection caused by *Burkholderia pseudomallei*, a gram-negative organism. It can have heterogeneous clinical manifestations and rarely affect the central nervous system with higher mortality. There are only a very few reported cases of transverse myelitis secondary to Melioidosis.

We report a case of a 61-year-old farmer, who presented with bilateral lower limb weakness and numbness for 3 days with acute urine retention for a 1 day duration. He had a background history of fever and a mass over his left thigh. On examination he had flaccid paraparesis with areflexia, sensory loss and a sensory level at T9. There was an abscess over his right thigh. His blood cultures as well as pus cultures became positive for *Burkholderia pseudomallei*, and melioidosis antibody titers were more than 1:1280 which confirmed the diagnosis of melioidosis. MRI spine had confirmed transverse myelitis. He was treated with high dose of IV Meropenem and Cotrimoxazole as the initial therapy and commenced on oral doxycycline and cotrimoxazole as maintenance therapy. With improvement of his infection, he was referred to rehabilitation center for further care of his neurological deficit, which had only a limited improvement.