

Abstract

Melioidosis is a bacterial infection caused by a gram-negative, aerobic bacillus *Burkholderia pseudomallei*, which carries a potentiality for life-threatening morbidity and mortality. Because of its diversity of clinical presentation, the early detection of the disease remains challenging and yields a high degree of clinical suspicion. This is a case scenario regarding a patient who presented with a prolonged history of fever associated with right-sided knee joint arthritis and jaundice. Although the initial presentation mimicked him to have septic arthritis, subsequent invasive investigations stood against this diagnosis. Furthermore, the presence of jaundice along with prior occupational exposure to mud made the gateway to consider other possibilities including tropical pyomyositis and melioidosis. Notably, in making the diagnosis of melioidosis intense clinical intuition as well as microbiological evidence becomes mandatory. Thus, this case report further emphasizes the importance of the establishment of adequate laboratory facilities in order to make the diagnosis without undue delay to get the maximum outcome from this treatable condition. Moreover, this is a rare case where an immunocompetent patient contracting melioidosis can be appreciated only among one-fifth of the affected population. Eventually, consideration of epidemiological factors, occupational history along with a high index of clinical suspicion, and laboratory guidance have led to the ultimate diagnosis of chronic melioidosis which was then treated with appropriate antibiotics following which substantial outcome was brought out.