

## **Abstract**

**Background:** Melioidosis and leptospirosis are two emerging tropical infections that share somewhat similar clinical manifestations but require different methods of management.

**Case report:** A 59-year-old previously healthy farmer presented to a tertiary care hospital in Sri Lanka with an acute febrile illness associated with arthralgia, myalgia, and jaundice, complicated by oliguric acute kidney injury and pulmonary haemorrhages. Treatment was initiated for complicated leptospirosis but with poor response. Blood culture was positive for *Burkholderia pseudomallei* and microscopic agglutination test for leptospirosis was positive at the highest titres of 1:2560, confirming a co-infection of leptospirosis and melioidosis. The patient made a complete recovery with therapeutic plasma exchange, intermittent haemodialysis, and intravenous antibiotics.

**Conclusion:** Similar environmental conditions harbour melioidosis and leptospirosis, making co-infection a very real possibility. Co-infection should be suspected in patients from endemic areas with water and soil exposure. Using two antibiotics to cover both pathogens effectively is prudent. IV penicillin with IV ceftazidime is one such effective combination.