

Abstract:

Disseminated tuberculosis is the wide spread infection of *Mycobacterium tuberculosis* and often referred to as miliary tuberculosis. It results in spreading the disease to several organs causing it to be a life threatening condition if not promptly treated. Of all extrapulmonary manifestations, tuberculous osteomyelitis is less common and sternal osteomyelitis is even more rarer even in endemic countries warranting a high degree of suspicion for it to be diagnosed.

Melioidosis is an emerging infection in Sri Lanka caused by *Burkholderia pseudomallei*. Though it is well known to mimic tuberculosis, co-infection with tuberculosis is rare.

We report a case of 53 years old male patient, who is a manual labourer presenting with prolonged cough, constitutional symptoms and night sweats. On examination he was cachectic with bilateral rhonchi and crepitations all over the lung fields. He also had a nontender firm lump over the sternum which was earlier thought to be a sebaceous cyst. On evaluation, he was found to have sputum positive pulmonary tuberculosis with extensive lung involvement and dissemination to involve sternum causing osteomyelitis. He also had a high titre of melioidosis antibody making the possibility of co-infection. The patient was managed with anti-TB drugs and IV Meropenam.