30years old, Mr. Bandara presented with fever with chills and rigors for two weeks duration and left side upper abdominal pain radiating to the back. He also had a dry cough which was not associated with shortness of breath or wheezing. Loss of appetite was there without nausea or vomiting. There was no loss of weight. He had a past medical history of diabetes mellitus type 2 which was diagnosed two months before this illness, and was started on oral hypoglycaemic agents. He had adequate sugar control with an HbA1C of 6.5% at the time of admission. On examination air entry was reduced at left lung base with tenderness on deep palpation of left upper quadrant of the abdomen without any organomegaly or free fluid. His investigations revealed increased white cell count with neutrophil predominance and raised inflammatory markers. Both blood and urine cultures were negative. Chest X-ray had elevation of left hemi diaphragm and ultrasound scan of the abdomen revealed multiple splenic abscesses. With the recent diabetes history though there were no other occupational or recreational exposure to wet soil and surface water, melioidosis antibodies were sent and it became positive in a high titre of >10240.

Intensive therapy with intravenous ceftazidime was initiated and splenic abscesses were drained with ultrasound guidance and pigtail catheter placed for free drainage. Eradication therapy started following four weeks of IV antibiotics with oral co-trimoxazole four tablets (4×480mg) twice daily and patient was discharged. While on eradication therapy patient was readmitted with the same symptoms and repeat imaging confirmed persistence of the abscesses with extra splenic extensions despite adequate treatment. Two more

courses of intensive therapy with intravenous carbapenems were tried without success before the decision to go ahead with splenectomy as the definitive treatment was taken at a multidisciplinary meeting. Necessary pre splenectomy immunizations were given and an elective splenectomy was done in our patient following which there have been no further episodes of septicaemia. He was started on oral co-trimoxazole seven tablets twice daily for 3 months along with folic acid 5mg daily and regular clinic follow up was arranged with frequent full blood count and liver function monitoring.