

Abstract:

Melioidosis is a rare cause of empyema. Pleuro-cutaneous fistula is a pathologic communication between the pleural space and the subcutaneous tissues.

Bronchopleural fistulas are communications between the bronchial tree and the pleural space. Here we're presenting a case of a Bronchopleural and Pleuro-

cutaneous Fistula complicating chest drain insertion for melioidosis empyema.

Fifty-year-old fisherman from Mannar Sri Lanka presented with predominant

thoracic empyema. Pleural fluid culture isolated the *Burkholderia pseudomallei*. A

chest drain was inserted for the empyema. Subcutaneous emphysema was noted

following the removal of the chest drain and it worsened over time. CECT Chest

revealed the right Bronchopleural and Pleuro-cutaneous Fistula, which is

complicated by hydropneumothorax and trapped lung. Surgical management was

refused by the patient for fistula correction and trapped lung. The Pleuro-

cutaneous was successfully closed with an autologous blood patch. Melioidosis can

present with predominant thoracic empyema. Pleuro-cutaneous fistula can

complicate the chest drain insertion in the patient with melioidosis empyema

which can be treated with an Ultrasound-guided autologous blood patch.