ABSTRACT

Melioidosis a disease caused by the gram-negative saprophytic bacteria burkholderia pseudomallei, is considered a rare entity in Sri Lanka. The diagnosis requires high degree of clinical suspicion and should be confirmed with cultures. Once considered almost non-existent, number of sporadic cases of melioidosis is rising in Sri Lanka. Nevertheless, it is still not considered in the first set of differentials by many clinicians, as such has led to inadequate treatment, latent, prolonged and severe infections. Another reason of late diagnosis is variability of disease presentation and partially treated infections, mimicking more common diseases in Sri Lanka such as tuberculosis.
We present a case of melioidosis in a 56-year-old, diabetic farmer who presented with backache, generalized edema and hearing impairment with ear discharge for one month duration. He had been inadequately treated for possible pulmonary Melioidosis 3 months prior to presentation which had resulted in protracted course of illness and relapse due to latent infection. He was initially treated as per atypical pneumonia with broad spectrum antibiotics and discharged after complete clinical and biochemical recovery, but there was no microbiological confirmation, as such no eradication therapy was offered. He came to us due to intractable backache for 3 weeks duration and was on regular analgesics. He was found to have a lower lumbar para-spinous muscle abscess with generalized edema, mimicking both TB and myeloma with infection. His blood and lump aspirate later came positive for Burkholderia pseudomelli.

He was treated with a course of meropenem in-ward following which he was prescribed long term eradication therapy with trimethoprim-sufamethaxazole.

Here we emphasize the need for high degree of suspicion of melioidosis in a high risk patient coming with evidence of infections at multiple sites. It can closely resemble endemic diseases such as TB, thus is frequently misdiagnosed and inadequately treated which may further complicate disease presentation. Microbiological evidence is mandatory but should be cautiously interpreted dueto close resemblance to pseudomonas. Long duration treatment with sensitive antibiotics is essential to prevent recurrences