

Abstract

Cerebral melioidosis is a rare entity where minimally reported in literatures, having multiple diagnostic challenges as it mimics most of the other diseases of central nervous system (CNS). Spectrum of CNS melioidosis depends on the entry of the organism and immune status of the patient. Due to the delay in the diagnosis, it has a high morbidity and mortality. It is thought to be a disease of immunocompromised with risk of exposure to soil or surface water. We present a case of a immunocompetent patient without any known risk factors for significant exposure, presented with fever and rapidly progressive multiple cranial nerve palsies followed by reduced level of consciousness and cerebellar signs, faced multiple diagnostic difficulties, diagnosed as Encephalomyelitis, a form of neuromelioidosis, with radiological evidence of ADEM, and successfully treated with parenteral meropenem for intensive phase and cotrimoxazole for a long eradication phase. High index of suspicion and early initiation of treatment with suitable antibiotics for an optimal duration, evidenced complete recovery.