Abstract

Melioidosis, which is a potentially fatal infection, is commonly found in topical countries including Sri Lanka. Early diagnosis and intensive therapy would reduce the mortality under 10%.

Mr.H. a 39-year-old fruit seller, a diagnosed patient of Diabetes mellitus, but with poor adherence to therapy and diet control, presented with multiple large joint arthritis, fever, acute kidney injury, lower respiratory tract symptoms suggestive of pneumonia and tender hepatomegaly for three weeks. Investigations showed septic arthritis, pneumonia with multiple cavitatory lesions in lungs and multiple cystic lesions in liver. The diagnosis of melioidosis was made as his blood culture was positive. He was treated with IV Meropenem for 6 weeks and oral Cotrimoxazole for 3months.

He later developed osteomyelitis in L/lower tibia without abscess and again treated with IV Ceftazidime for 2 weeks and oral Cotrimoxazole for 6months. He recovered completely.