

Abstract

Burkholderia pseudomallei is a facultative intracellular gram negative bacteria, which cause Melioidosis. It is more prevalent in the tropical countries. Melioidosis is significantly increase the morbidity and mortality. It usually presents as widespread caseous lesions and abscesses. The clinical manifestation may be varying according to the organ involved. It also present as pyrexia of unknown origin.

A 60 year old male from Matara, known patient of diabetes mellitus type 2 on oral hypoglycaemic agents, presented with intermittent high grade fever associated with chills and rigors for 2 weeks. He also complained generalized weakness, and loss of appetite, without any systemic symptoms. On examination, he was febrile, not pale or icteric, no peripheral stigmata of infective endocarditis and all system examination was normal. His blood culture was positive for *Burkholderia pseudomallei*. His computed tomography (CT) of abdomen shows multiple small abscess in liver and kidney. His intensive phase was initiated with IV meropenem 2g three times a day, oral co-trimoxazole and oral doxycycline two times a day for 6 weeks. He was fully recovered after completion of therapy.

Melioidosis should be Considered as one of differential diagnosis when patient present with pyrexia of unknown origin or multiple abscess.