

Abstract

Melioidosis, a disease with multisystem involvement occurred by *Burkholderia pseudomallei*, is an emerging infectious disease of Sri Lanka with variable spectrum of presentations^{1, 2, 3}. Melioidosis can lead to fulminant sepsis especially in those who have risk factors such as diabetes mellitus, renal calculi, malignancy, chronic kidney disease, chronic alcoholism, chronic obstructive air way disease and cirrhosis^{5, 6}. Although Melioidosis can affect almost any organ leading to various complications, reported cases of Melioidosis associated with venous thrombosis were few in number. Furthermore Melioidosis can be complicated with “hemophagocytic lymphohistiocytosis” (HLH) which is a rare under diagnosed hematological entity with high morbidity and mortality^{7, 8}.

We present a 49 years old male with uncontrolled diabetes mellitus presenting with fever and constitutional symptoms for three weeks duration. Diagnosis of Melioidosis was confirmed with positive blood culture for *Burkholderia pseudomallei* and high antibody titre. The patient continued to have fever and deteriorated further needing elective intubation even after continuing the sensitive antibiotic which was IV Merapenum 1 gram eight hourly for five days raising the suspicion of ongoing secondary process. Hemophagocytic lymphohistiocytosis (HLH) and splenic vein thrombosis was diagnosed with further evaluation. Timely identification of these complications and initiation of treatment effectively made a successful recovery with a favorable outcome in this patient.

In conclusion HLH and venous thrombosis are potential complications of Melioidosis. Both conditions significantly increase the morbidity and mortality in patients with confirmed Melioidosis^{8, 12, 14}. So extra vigilance is necessary to diagnose those complications early to prevent adverse outcome and death.