

Abstract

Melioidosis is an infection caused by the organism *Burkholderia pseudomallei* which was first described in Australia but most prevalent in South and South East Asia. The incidence of melioidosis in srilanka significantly increased during the last decade or so with the accessibility of the detecting tools as well as increased interests of the disease. The first case of melioidosis in srilanka is reported in 1927.

Burkholderia pseudomallei is a gram negative bacterium which is found in soil as well as water. It is a facultative intracellular organism as well. The incubation period ranges up to three weeks following percutaneous inoculation. The transmission predominantly occurs percutaneous specially in farming communities. As the organism is found in the soil in endemic areas, during farming activities there is a likelihood that the organism gets directly inoculated percutaneous. Apart the organisms can be transmitted through contaminated water as well as via inhalation rarely.

Most infections with *Burkholderia pseudomallei* won't produce symptoms rather they remain asymptomatic. Symptomatic disease is common among predilected individuals with other risk factors. During the acute infection features of pneumonia is the commonest mode of presentation. Apart other infections including the skin, genitourinary infections have been reported. Chronic melioidosis infection also reported and patients commonly presents with long term pulmonary symptoms with recurrent nature.

We present a rare case scenario of an elderly lady presenting with severe shoulder and elbow joint swelling and pain with acute febrile illness which was not responding to routine antibiotic treatment. Later she developed an abdominal wall contusion where the pus culture and then then blood cultures confirm the infection with melioidosis. She responded well to recommended antibiotic regimens and later fully recovered.

Key words – Melioidosis, Septic Arthritis, Case report