

## Whitemore's Disease - Subacute Melioidotic Osteomyelitis Of The Femur

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### INTRODUCTION:

Melioidosis is an infectious disease caused by gram negative bacillus *Burkholderia pseudomallei*, which can be found in moist soil and water.<sup>1</sup> Osteomyelitis is a well known clinical manifestation of melioidosis, adequate surgical debridement with antibiotic coverage is essential in eradication of infection.<sup>2</sup>

### CASE REPORT:

This is a 50 year-old gentleman with history of non-compliance Diabetes Mellitus (DM), who was admitted with left hip septic arthritis. Arthrotomy washout was done and intra-operative culture confirmed present of *Burkholderia pseudomallei*. Intravenous Ceftazidime was given for total of 4 weeks, and subsequently discharged with oral Co-Amoxiclav for 3 months duration.

6 months later during clinic follow-up, he presented with pus discharge from previous surgical site, despite completion of oral antibiotic. He denied any fever or pain upon ambulation. Examination noted sinus formation with surrounding erythema. As expected, all blood inflammatory markers were elevated.

Left hip radiograph revealed obvious lytic lesion at the trochanteric region. CT scan showed intramedullary collection with periosteal reaction.

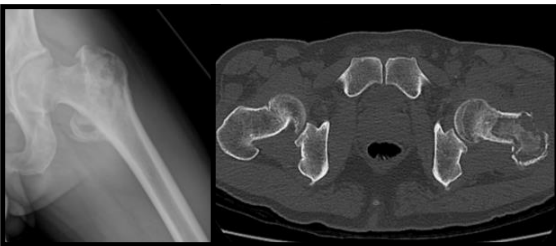


Figure 1 - Radiograph and CT scan images.

Debridement and bone curettage was done this time. Intra-operative culture revealed the same organism, *Burkholderia pseudomallei*. A second

course of long-term intravenous antibiotic was initiated for 6 weeks duration, until discharge.

### DISCUSSION:

It is a challenge to ascertain the mode of transmission in the above case as he denied any history of soil exposure causing direct percutaneous inoculation. Poorly controlled DM in this patient would exacerbate his immune status that contributes directly to the progress of this illness. Furthermore, the initial evidence of septic arthritis may breach the joint capsule, that strongly suggestive of bacteria dissemination to the bone.

### CONCLUSION:

Accurate and timely diagnosis of melioidosis remain crucial, hence prompt definitive antimicrobial therapy can be instituted. The duration of antibiotic plays an important role as part of the eradication therapy, beside surgery.

### REFERENCES:

1. Melioidosis: epidemiology, pathophysiology, and management. Cheng AC, Currie BJ. Clin Microbiol Rev.2005;18:383-416
2. Management of melioidosis osteomyelitis and septic arthritis. Shetty RP, Mathew M, Smith J. Bone Joint J.2015;97-B:277-82