

## Cutaneous Melioidosis In A Healthy Young Boy - A Great Mimicker

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### INTRODUCTION:

Melioidosis, is an infectious disease caused by *Burkholderia pseudomallei*, a gram negative bacteria found in contaminated soil and water. It usually presents as pneumonia with high mortality rate. Cutaneous manifestations are a rare feature of melioidosis.

### REPORT:

A healthy 15 year-old boy presented with left thigh painful swelling, associated with intermittent fever for a week duration. Prior to this, he has a history of superficial laceration over his left foot, resulting in exposure to stagnant water which could be possibly the source of infection.

Physical examination showed a warm and tender swelling over anteromedial aspect of proximal left thigh (5x5cm) with surrounding erythema, soft in consistency, not fluctuant and non-pulsatile.

No significant finding on left hip radiograph. Ultrasound showed multiple enlarged left inguinal lymph nodes with adjacent ill-defined hypochoic lesion. Laboratory investigations for infective parameters were elevated. Patient was treated with oral antibiotic. Further workout for tuberculosis turned out to be negative.



Figure 1 - Pre-operative and post-operative clinical pictures.

The swelling was increasing in size despite completion of oral antibiotic, hence incision and

drainage was done. Tissue samples grew *Burkholderia pseudomallei* which is sensitive to Ceftazidime.

### DISCUSSION:

In Malaysia, more than 90% of cases were of acute onset, presenting as acute respiratory infection with fever.<sup>1</sup> Our patient recalled soil contamination over his per-existing wound at left foot. We speculated that direct inoculation of *B. pseudomallei* resulted in his distant infection via lymphatic drainage system.

### CONCLUSION:

Cutaneous abscess of melioidosis may mimic other infective causes such as tuberculosis or lymphadenitis.<sup>2</sup> Delayed in diagnosis may lead to mortality, therefore high level of suspicion and early commencement of intravenous antibiotic are needed especially in endemic area. Tissue culture remains the gold standard for diagnosis of melioidosis.

### REFERENCES:

1. Nathan, S. et al. (2018) Melioidosis in Malaysia: Incidence, clinical challenges, and advances in understanding pathogenesis, MDPI.
2. Paul Vijay Kingsley et al. (2016) Pitfalls and optimal approaches to diagnose melioidosis, Asian Pacific Journal of Tropical Medicine.