

Melioidosis Spine: A Great Mimicker of Common Spine Infection

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INTRODUCTION:

Melioidosis spine with CNS involvement is rare and it is reported more in Southeast Asia, India and Northern Australia.¹⁻³ It easily masked by tuberculous spine or spondylodiscitis based on radiological features alone. Thus differentiating melioidosis spine from other common spine infection can be tricky at times as treatment

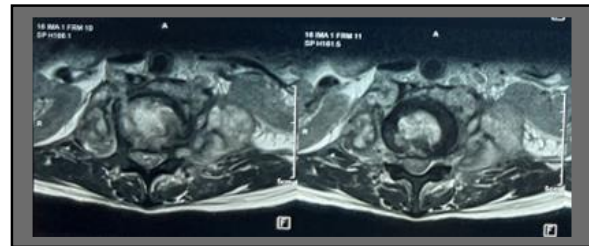
REPORT:

A 33 years old Malay Lady presented with 5 months history of lower backpain and wheelchair bound due to left lower limb weakness. Clinically she has no spine tenderness, left lower limb power of MRC 4/5 with brisk reflexes, sensations were preserved. Lumbosacral radiological investigation revealed compression fracture of L1 with anterior wedging, focal kyphosis with adjacent end plates erosion and left psoas collections with epidural extension causing significant spinal canal stenosis. Antituberculous drug were initially commenced until blood culture showed presence of *Burkholderia pseudomallei*. Tuberculosis workout were all negative. She was counselled for decompression and PSIF but refused. She then underwent ultrasound guided percutaneous drainage with pigtail insertion of left psoas collection and drained total 200cc thick pus for total 24 days that showed positive culture of *Burkholderia pseudomallei*. Rehabilitation therapy was commenced while she was on Jewett brace for 1 month and left lower limb MRC score were improved to 5/5 every level. She was even able to ambulate with walking frame.

Figure 1: Radiograph and MRI of Lumbosacral



Figure 2: MRI Axial Lumbosacral



CONCLUSION:

Melioidosis spine should be ruled out despite MRI shows classical features of TB spine or spondylodiscitis.⁴ High index of suspicion is required if patient resides in Melioidosis endemic countries. It is best diagnosed with combination of both MRI with deep-seated pus culture.

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