

Activation of Latent Melioidosis Infection in an Immunocompromised Patient: A Case Report

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Melioidosis causes suppurative infection with local abscesses and the reservoirs of the organism; *Burkholderia pseudomallei* are soil, fresh water and paddy fields. The diagnosis is made by isolating the organism through culture and microscopy. Treatment includes an intensive course of intravenous and oral antibiotics which spans over 3 months. A 62-year-old patient from Kurunegala, with a background history of diabetes mellitus, hypertension, dyslipidaemia, presented with left lower limb pain and ankle swelling for 6 weeks' duration. He was previously treated with methotrexate for chronic plaque psoriasis. The cause for was diagnosed as occlusive arterial disease and deep vein thrombosis of left lower limb and the treatment was started accordingly. During the hospital stay, he developed septic shock with several episodes of diarrhea and underwent septic screening. His blood culture was positive for *Burkholderia* and was confirmed with serological assessment done at Faculty of Medicine, University of Colombo. The patient had worked in paddy fields 6 months prior to this presentation. Following the diagnosis through multi-disciplinary approach, the targeted treatment was started with intravenous ceftazidime and oral metronidazole. Although the patient showed some response to initial treatment, he succumbed to the illness due to the complications of his underlying comorbidities. In conclusion, active melioidosis during immunocompromised states can cause a severe infection, and it is crucial to have a clinical suspicion in relation to the epidemiology and clinical course of the infection while managing the underlying comorbidities.

Keywords: *Burkholderia pseudomallei, melioidosis, immunocompromised-state*