Chronic Melioidosis Mimicking Tuberculosis

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ABSTRACT

We reported a case of melioidosis who presented with long standing spondylodiscitis mimicking tuberculosis. A 57-year-old Thai male farmer presented with chronic low back pain for one and a-half year. Magnetic resonance imaging of lumbar spines revealed T12/L1 spondylodiscitis and bilateral psoas abscesses. He was diagnosed as tuberculous spondylodiscitis but failed to respond to a prolonged course of antituberculous regimen. He had subsequently developed persistent abdominal pain at the left upper quadrant and computed tomography scan showed multiple splenic microabscesses and progressive T12/L1 spondylodiscitis with more compression fracture and enlarging psoas abscesses. Ultrasound-guided percutaneous drainage of bilateral psoas abscesses was performed and purulent pus was aspirated from each side. The pus and blood cultures grew Burkholderia pseudomallei. He was treated with a combination of oral co-trimoxazole and intravenous ceftazidime with significant improvement. Among patients who present with a long history of low back pain with evidence of spondylodiscitis, psoas and/or vertebral abscesses, melioidosis should be aware of. Proper investigative procedure to identify etiologic organism can lead to the correct and optimal treatment. (J Infect Dis Antimicrob Agents 2015;32:55-9.)

INTRODUCTION

Melioidosis is an infectious disease caused by the gram-negative bacillus Burkholderia pseudomallei. It is an important public health concern in Southeast Asia and Northern Australia. Melioidosis usually presents with an acute or subacute onset. In these two categories, the clinical presentations are mainly pneumonia, septicemic forms and abscesses involving internal organs. A chronic-onset form, lasting for two months or more, is uncommon. It accounts for only 8% to 12% of cases. In the latter category, patients may present with pneumonia or skin infection. Musculoskeletal infection and sepsis are rare in the chronic form of melioidosis. Risk factors for melioidosis include diabetes mellitus, heavy alcohol consumption, chronic lung disease and chronic kidney disease. Despite antimicrobial treatment, the mortality is as high as 50% in cases with septicemia and greater than 95% in untreated cases. The diagnosis of chronic melioidosis remains challenging because misdiagnosis with other chronic infection such as tuberculosis often

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