

Epidemiology and Clinical Outcome of Melioidosis at Chonburi Hospital, Thailand

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ABSTRACT

A retrospective study was conducted to evaluate the epidemiological data, clinical features, and clinical outcome of culture-proven melioidosis at Chonburi Hospital, East Thailand, from January 2001 to December 2006. Case records were available for 83 of 127 cases, diagnosed with melioidosis. Most patients were male (70%), with the mean age of 52 years (range 21-77 years). Seventy percent of patients had at least one risk factor with the most common being diabetes (57.8%). There was no seasonal variation in the occurrence of the disease. Fever of unknown and severe community-acquired pneumonia were commonly diagnosed on admission. Clinical manifestations included disseminated septicemia (78.3%), non-disseminated septicemia (20.6%), and localized infections (1.2%). The onset of the disease was acute in 44.6 percent, subacute in 22.9 percent, and chronic in 32.5 percent of patients. Ninety-nine percent of patients had bacteremia. The lung was the most common site of infection (88%), followed by the liver (77.1%). Most patients had multiorgan infection, with most commonly involving three organs. Fifty percent of the patients received appropriate antibiotic therapy, with ceftazidime plus cotrimoxazole being the most common regimen. The overall mortality rate was 47 percent. Factors significantly correlated with higher mortality rate were male sex, bacteremia, lung infection, acute onset, and treatment with inappropriate antibiotics. In conclusion, melioidosis is not uncommon in East Thailand. The case fatality rate is high, particularly in acute severe lung infection with bacteremia managed with inappropriate antibiotic therapy. Awareness, suspicion, and prompt effective treatment of high-risk patients will reduce the mortality. (*J Infect Dis Antimicrob Agents* 2008,25:1-11.)