

## Melioidosis: variety of manifestations and risk factors

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### Introduction

Knowing the risk factors and clinical manifestations of melioidosis will help identify and treat patients early leading to better outcomes. This study describes the clinical manifestations and risk factors in patients with culture proven melioidosis identified at the Sri Jayewardenapura General Hospital (SJGH).

### Methods

Data of patients who had culture positive melioidosis at SJGH from January to May 2016 were extracted from the WHONET database and relevant clinical details gathered from hospital records.

### Results

The first patient was a 60 year old male who presented with intermittent fever for one month and nonspecific abdominal symptoms. He was a known diabetic for 12 years. Abdominal imaging revealed a liver abscess. Pus from the abscess grew *Burkholderiapseudomallei*.

The second patient, a 36 year old male also presented with intermittent fever for one month. He was a known diabetic and an occasional alcoholic. Imaging studies showed multiple liver and splenic abscesses. Blood culture became positive for *B. pseudomallei*.

The third patient, a 55year old trishaw driver who transported compost fertilizers presented with intermittent fever for 1½ months, loss of appetite and left knee joint pain. He had defaulted treatment for diabetes mellitus for 6 years and was a heavy alcoholic. Multiple liver and splenic abscesses and septic arthritis were diagnosed. Blood culture and joint aspirate became positive for *B. pseudomallei*.

The fourth patient, a 28 year old tipper driver from Elpitiya, who transports rubble, presented with fever for 3 weeks, loss of weight and loss of appetite. He had multiple subcutaneous nodules over the arms and legs. This patient was a known asthmatic and on a steroid inhaler. Blood culture was sterile but aspirated fluid from the subcutaneous nodules yielded *B. pseudomallei*.

All but the third patient recovered after appropriate treatment.

### Discussion and Conclusions

All four patients had a prolonged history and known risk factors. Possible occupational risk factors were noted in patients 3 and 4. Melioidosis should be suspected in patients presenting

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with prolonged fever and suppurative lesions and relevant radiological and microbiological investigations carried out to initiate appropriate treatment.