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Case Reports: Experiences with empiricism in melioidosis

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Introduction

We present a case series of five patients who presented to us at a tertiary care centre in Mumbai during the monsoons with history and clinical findings suggestive of melioidosis. We were unable to isolate *B. pseudomallei* from blood or tissues.

Case reports

A 47 year old diabetic, alcoholic farmer presented with high grade fever for one month followed by scrotal pain and ulcer. Therapeutic trial of trimethoprim-sulfamethoxazole (TMP-SMX) was given and he showed a dramatic response.

A 55 year old diabetic housewife living close to paddy fields, presented with persistent fever and left upper quadrant abdominal pain. She had multiple splenic abscesses on CT abdomen and had received anti-tuberculous therapy elsewhere with no response. Symptoms resolved on empiric ceftazidime and TMP-SMX.

A 63 year old diabetic paddy farmer developed multiple subcutaneous abscesses on his shins. A swab culture done elsewhere isolated *Pseudomonas* spp. He presented to us in a critical state with a brain stem abscess. We started him on intensive therapy for melioidosis but the patient succumbed within a few days.

A 27 year old presented with a history of increasing left flank pain and fever for one month. An abdominal CT scan revealed multiple left renal abscesses. Empiric therapy for melioidosis resulted in rapid defervescence and resolution of flank pain.

A 62 year old diabetic lady returned from Singapore with fever and back pain for 1 month. MRI spine showed spondylodiscitis and a CT guided biopsy done elsewhere grew *Burkholderiacepacia*. As she had no history of health care contact, she was treated for melioidosis with complete resolution of signs and symptoms.

Discussion and Conclusions

Although India is endemic for melioidosis, it is still considered an unusual exotic infection in most parts of the country. In the above cases, the possibility of melioidosis was carefully assessed based on specific epidemiological and host factors, clinico-radiological findings and the absence of an alternative diagnosis. Every effort was made to isolate the organism, failing which a therapeutic trial was offered. The standard treatment regimen for melioidosis used in our cases is unlikely to be effective for other bacterial infections and hence successful outcome in most cases encouraged us to believe that our clinical suspicion of this infection was not unfounded.

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