

Images in...

Imported melioidosis in France revealed by a cracking abdominal mycotic aortic aneurysm in a 61-year-old man

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DESCRIPTION

A Cambodian-born French 61-year-old man with several cardiovascular risk factors (current smoker, dyslipidaemia, diabetes mellitus without renal impairment, excessive alcohol use or iron overload) was admitted 6 months after his last travel in Cambodia during the wet season. The patient complained of subacute abdominal pains, which became recently intense, without fever or diarrhoea. Abdominal CT scan revealed infrarenal abdominal mycotic aortic aneurysm with signs of cracking (figure 1). Laparotomy, aneurysmectomy, insertion of a silver impregnated dacron-straightened graft and omentoplasty were performed. A few days after the surgery, the patient featured a severe sepsis with a growth of *Burkholderia pseudomallei* in blood cultures. Ceftazidim was started for a total duration of 8 weeks, relayed by trimethoprim-sulfamethoxazole in combination with tetracycline during 2 years. The outcome was favourable, without relapse or rupture of the vascular graft.

Melioidosis is an emergent zoonosis, because of *B pseudomallei*, highly invasive, resistant and soil-resilient bacteria, transmitted by transcutaneous or airborne route.¹ The human disease is endemic in Southeast Asia and Northern Australia, only. In these areas, the incidence is variable, and the clinical presentation is diverse (pneumonia, bacteraemia, skin and

soft tissue infections, osteo-articular infections and encephalitis) and non-specific.¹ Mycotic aneurysm is a rare complication of *B pseudomallei* bacteraemia.² Imported cases are infrequent, and in case of mycotic aneurysm associated with melioidosis, patients may have symptoms during several weeks.² The diagnosis of mycotic aneurysm associated with melioidosis should be discussed in febrile patients of >40 years of age who return from endemic areas with abdominal or back pain, with or without paravertebral or retroperitoneal collections, and with confirmed arterial aneurysm.³

Learning points

- ▶ Melioidosis is endemic in Southeast Asia and Northern Australia, and some cases could be imported in non-endemic areas.
- ▶ Melioidosis could be associated with mycotic aneurysm.
- ▶ The diagnosis of mycotic aneurysm associated with melioidosis should be discussed in febrile patients of >40 years of age who return from endemic areas with abdominal or back pain, with or without paravertebral or retroperitoneal collections and with confirmed arterial aneurysm.



Figure 1 Abdominal CT scan showing a 46–143 mm diameter infrarenal abdominal mycotic aortic aneurysm with signs of cracking and infiltration of retroperitoneal fat.

Competing interest None.

Patient consent Obtained.

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