Case of paraspinal collection due to *Burkholderia pseudomallei*

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DESCRIPTION

Introduction

Melioidosis is an infection caused by the facultative intracellular Gram-negative bacterium, *Burkholderia pseudomallei*.^{1 2} The most common clinical manifestations are pneumonia and localised skin infection. Encephalomyelitis can be observed approximately in 4% of cases.

Case report

This is a case of a 51-year-old Indian fisherman with a known case of DM TII and chronic hepatitis B infection, who presented with fever and generalised body pain for 10 days followed by spastic paraplegia. The patient was diagnosed with sepsis based on blood analyses, and treated with meropenem. A lumbar puncture showed normal cell count and glucose, but elevated proteins (5.12 mg/dL). MRI of the thoracic spine showed evidence of a localised collection over the right side with the largest pocket measuring around 1.5×0.7 cm and involving the posterior paravertebral region of the fourth through to the seventh thoracic vertebrae, paraspinal muscles enhancing with contrast, with suspicion of intraspinal canal extension (figure 1). Histopathology from a CT-guided biopsy grew *B pseudomallei*. A blood culture grew only *B pseudomallei*, while other cultures and PCRs for TB and viral panel were negative in blood and CSF. After 6 weeks of treatment with meropenem patient improved and was able to walk with walker.

CONCLUSION

Septicaemic melioidosis is associated with a very high mortality of about 90%.² Luckily, the outcome

in our patient was good despite the early deterioration with multisystem involvement and development of spastic paraplegia. This was probably related to the use of appropriate antibiotics. Antibiotics are given initially parenterally for 2 weeks, followed by oral treatment for 6 months.

Learning points

- ▶ Melioidosis is endemic in southeast Asia and northern Australia but some cases could be imported in non-endemic areas.
- ▶ Neurological complications (encephalomyelitis) can be observed in 4% of cases.
- ▶ The diagnosis of paraspinal collection or abscess associated with melioidosis should be discussed in febrile immunocompromised patients of >40 years of age who return from endemic areas with fever, sepsis and paraplegia.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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- 1 White NJ. Melioidosis. *Lancet* 2003;361:1715.
- 2 Cheng AC, Currie BJ. Melioidosis: epidemiology, pathophysiology and management. *Clin Microbiol Rev* 2005;18:383.

Figure 1 (A) Coronal T1 with contrast. (B) Sagittal T1 with contrast. MRI of the thoracic spine showed evidence of a loculated collection over the right side with the largest pocket measuring around 1.5×0.7 cm involving the posterior paravertebral region of the fourth through the seventh thoracic vertebrae, paraspinal muscles.

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