



Case Illustrated

Subcutaneous abscess formation in septic melioidosis, devoid of associated risk factors



Tobias Brummaier^{a,*}, Clare Ling^{a,b}, Cindy S. Chu^a, Vanaporn Wuthiekanun^c,
Warat Haohankhunnatham^a, Rose McGready^{a,b}

^aShoklo Malaria Research Unit, Mahidol-Oxford Tropical Medicine Research Unit, Faculty of Tropical Medicine, Mahidol University, Mae Sot, Thailand

^bCentre for Tropical Medicine, Nuffield Department of Medicine, University of Oxford, Oxford, UK

^cMahidol-Oxford Tropical Medicine Research Unit, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand

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A 10-year old otherwise healthy boy presented to Shoklo Malaria Research Unit migrant clinic on the Thailand-Myanmar border with a five-day history of high fever and tender swellings on the head, right-sided cervical (Fig. 1) and lumbar regions. Neither an inoculation event nor a breach in the skin continuity as a point of entry were evident and the patient did not travel to other regions before developing fever. No pus culture was obtained: aspiration was unsuccessful and as the abscesses failed to point, they could not be drained. A blood culture yielded Gram-negative rods, which were identified as *Burkholderia pseudomallei*, the causative agent of melioidosis. Initial empirical treatment was changed to ceftazidime and further abscesses were ruled out by an abdominal CT scan. The isolate obtained from the automated BacT/Alert (BioMerieux) blood culture was sent to Mahidol Oxford Tropical Medicine Research Unit where typical colony morphologies on Ashdown's agar were grown. Positive results to oxidase and latex agglutination test in addition to resistance to gentamicin and colistin confirmed the diagnosis.

Prolonged fever and undrained abscesses necessitated extended parenteral treatment with ceftazidime. Following eighteen days of treatment the fever subsided and after six weeks a marked clinical improvement enabled initiation of the oral eradication phase with trimethoprim/sulfamethoxazole.

Melioidosis predominately affects patients with underlying medical conditions and leads to variable symptoms with sepsis and abscess formation commonly observed. In 2015 no other cases of melioidosis were reported in this province.

This case is unusual, as the patient did not have any risk factors that are associated with severe melioidosis such as diabetes, chronic liver or chronic kidney disease and his presentation seemed more typical for a staphylococcal illness. This is a reminder that even though reports of *B. pseudomallei* infections in this area are rare, melioidosis should be considered for patients with abscess formation and potential sepsis in this region of Thailand and Myanmar, despite an absence of typical risk factors.

Written informed consent was obtained from the patients' legal guardian for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal on request.



Fig. 1. Marked swelling on the right side of the neck corresponding to a subcutaneous abscess due to *Burkholderia pseudomallei*.

* Corresponding author.

E-mail address: tobias.brummaier@gmx.at (T. Brummaier).