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RARE PRESENTATION OF SPLENIC ABSCESS IN A CASE OF MELIOIDOSIS

Medicine

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KEYWORDS

INTRODUCTION:
MELIOIDOSIS is an infectious disease that can infect humans or animals through direct contact. This is caused by gram negative bacteria called 'Burkholderia pseudomallei." This is also known as Whitmore disease.

Melioidosis is an infectious disease caused by the gram-negative bacterium **Burkholderia pseudomallei**, also known as Whitmore disease. It primarily infects humans and animals through direct contact with contaminated soil or water. The transmission routes include inhalation of contaminated dust or water droplets, ingestion of soil-contaminated food, or direct contact with soil through skin abrasions.

Risk Factors:
The risk factors for contracting melioidosis include:
- Type 2 diabetes mellitus
- Chronic kidney disease
- Immunocompromised status
- Chronic obstructive pulmonary disease (COPD)

Signs And Symptoms:
The clinical manifestations of melioidosis are diverse and can include:
- Fever
- Anorexia
- Respiratory distress
- Abdominal pain
- Seizures
- Abscess formation in various organs such as the liver, spleen, and kidneys

Melioidosis is known for its broad intrinsic antimicrobial resistance, requiring a prolonged therapy comprising an intensive intravenous phase followed by an oral eradication phase [1] [2]. The disease is commonly found in tropical regions, particularly Southeast Asia and northern Australia[1]. The treatment guidelines have evolved over decades, emphasizing the importance of prolonged intravenous antibiotics for reducing relapse rates[1]. Additionally, environmental sampling is crucial for identifying at-risk areas and informing public health interventions[1]. It is a bio safety level 3 organism.

Signs and symptoms: Fever, anorexia, respiratory distress, abdominal pain, seizures, abscess formation.

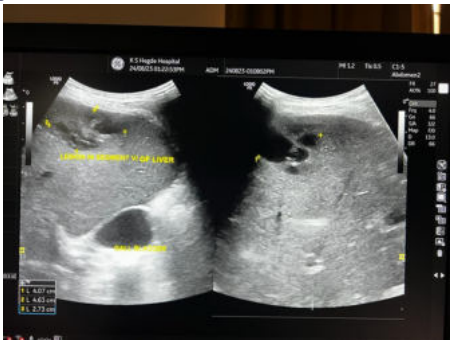
Here is a case of a patient with MELIOIDOSIS with rare presentation of splenic abscess. Other findings were liver abscess, focal intrahepatic biliary radical dilatation and perisplenic collections.

Case:
49yrs old male hailing from Honnavar who is a known case of T2DM (HBA1C-9.2) presented with complaints of fever since 1month , complaints of of 3-4 episodes of vomiting which is non bilious,non projectile since 1 week and complaints of altered sensorium since 2-3days.

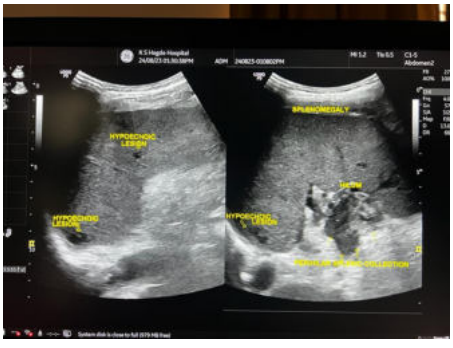
Investigations:
- Routine evaluation was done and blood investigations revealed Total WBC counts were 11,650 , MPFT was negative , Leptocard test is negative , Dengue card test was negative ,Total bilirubin-4.17,direct bilirubin-3.23,SGOT-63,SGPT-38,ALP-598,creatinine of 1.0, sodium was 120,potassium was 5.0 and CRP-70.83.

Further, the patient underwent a USG Abdomen followed by CECT abdomen.

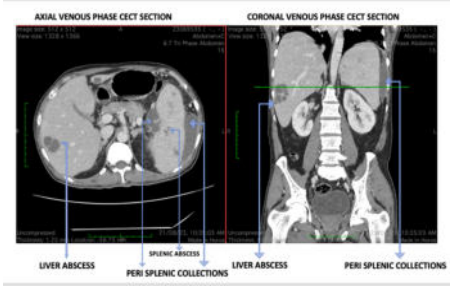
USG report



Liver Abscess In Segment Vi



Splenic Abscess With Collections
- Segmental dilatation of left medial sectoral biliary duct with echogenic intraluminal debris.
- Hepatomegaly with loculated intrahepatic collection/abscess in segment VI and III.
- Splenomegaly with few hypoechoic splenic lesions as described likely evolving abscess.



CECT abdomen and pelvis report
1) Fatty hepatomegaly
2) Peripherally enhancing lesions in liver and spleen as described - features are suggestive of abscesses.
3) Focal intrahepatic biliary radical dilatation in lateral segments of left lobe of liver with THAD - likely secondary to intrahepatic bile duct stricture.

4) Short truncated pancreatic tail – likely dorsal pancreatic agenesis ? atrophy Septated perisplenic collections as described.
5) Thrombosis of distal segment of splenic vein with perisplenic and pergastric collaterals.

CT Brain was taken to rule out any intracerebral abscess and was found to have normal pressure hydrocephalus.

Culture & Sensitivity Report.
Sample: BLOOD
Culture report: Burkholderia pseudomallei

Antibiotic Sensitivity Report
Method: Automated MIC
Organism: Burkholderia pseudomallei

Antibiotic	MIC	Result	Antibiotic	MIC	Result
Amoxicillin /clavulanic acid	4	S			
Ceftazidime	2	S			
			Trimethoprim/Sulfamethoxazole	<=20	S
Imipenem	0.5	S			

Treatment:
Patient was started on:
- INJ. FORTUM 1g 1-1-1 x 14 days
- INJ. IMIPINEM 1g IV stat followed by BD x 10 days
- TAB URSOCOL 300mg 1-1-1 x 10 days

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