

Melioidosis of Liver Presenting as Hepatocutaneous Fistula: A Case Report

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Background

Melioidosis is an emerging infection in India caused by gram negative non-fermentative *Burkholderia pseudomallei*. This bacteria is also known as Vietnamese timebomb or remarkable imitator. Infection may be acute or chronic, localised or disseminated. Several reviews have summarized the clinical manifestation of melioidosis as mild and sub clinical infection, latent infection, clinical disease either septicaemic or localised. Up to 80% of cases have underlying disease, most frequently diabetes mellitus. It may involve any system of the body namely lung, liver, spleen, kidney, prostate, bone and joints. Visceral abscess is one of the most common presentation in melioidosis specially splenic involvement.

Materials & Methods

A 55 year old male presented to the emergency patient care department at IGIMS, Patna with fever and altered sensorium for 10 hours and pus discharging wound in right lower rib cage for 3 years. He was a known diabetic. He had no history of migration from endemic area. No

abnormal findings were detected on chest, cardiovascular system and central nervous system examination except for altered sensorium. On ultrasound a small, hypoechoic area suggesting solitary pus collection in liver with hepatojunal fistula was seen. Pus from wound was received in Microbiology laboratory. On inoculation over blood agar, MacConkey agar, nutrient agar and Sabouraud agar media at 37°C, white, dry, dull, wrinkled colonies grew. On Ashdown's selective medium dry, wrinkled, purple coloured colonies grew in 48 hrs. In Gram stain of pus smear, typical safety-pin appearance bacilli were seen. The isolate was identified as *B. pseudomallei* based on biochemical reactions, antibiotic sensitivity test and further confirmed by Vitek-2 system.

Results & Conclusions

Melioidosis is underdiagnosed in many regions since sophisticated laboratory facilities are necessary to confirm the diagnosis. Melioidosis should be considered in any patient who has ever visited an endemic area, who presents with septicaemia particularly if there is evidence of an underlying disease such as diabetes mellitus.