

## CASE REPORT

# Endocarditis in Disseminated Melioidosis: A Case Report

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## CASE DESCRIPTION

Melioidosis is a disease caused by *Burkholderia pseudomallei* and it is an endemic in Southeast Asia. We report a case of a 59 years-old gentleman who worked as plantation worker presented to hospital with symptoms of fever, cough, loss of weight and appetite for 1 week of duration. Examination reviewed unilateral left limb swelling. Investigations showed bicytopenia and high inflammatory marker. Chest x-ray noted left upper lobe cavitation and ultrasound showed left popliteal deep vein thrombosis (DVT). A diagnosis of community acquired pneumonia and left DVT was made. He was initially started on intravenous augmentin plus oral azithromycin and subcutaneous enoxaparin, however his clinical condition deteriorating with multiple spikes of temperature. Subsequently, CT thorax revealed a large left lung cavitation with splenic microabscesses. Echocardiogram showed vegetation over the non-coronary cusp of the aortic valve and repeated blood culture grew showed growth of *Burkholderia pseudomallei*. Diagnosis was revised to disseminated melioidosis with native valve infective endocarditis. Antibiotics were escalated to intravenous meropenem and oral bactrim. Unfortunately, patient succumbed on 4<sup>th</sup> week of hospitalization.

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## **DISCUSSION**

Infective endocarditis in Melioidosis is extremely rare (1-3%) and frequently fatal. Therefore, reaching the diagnosis of Melioidosis endocarditis can be challenging with the unusual presentation of the disease. Thus, the awareness among the healthcare workers regarding the variability of the clinical presentation of this disease is important in order to achieve early treatment.

## **CONCLUSION**

We hope that with this case report can raise the alertness among the healthcare workers regarding this emerging tropical disease.