

The continuing scourge of melioidosis infection among patients with poorly controlled Diabetes Mellitus

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Abstract

Objective: The continuing scourge of melioidosis infection among patients with poorly controlled Diabetes Mellitus

A Case Report:

A 66-year-old Chinese gentleman who was known to have type 2 diabetes mellitus and chronic kidney disease Stage 5 (eGFR <15) presented with intermittent fever and chills for one week. He had no recent travel history. He was on sulphonylurea alone (glipizide) for his diabetes. He was noted to have high grade fever with the rest of his vitals being normal. His physical examination was normal otherwise. Blood investigations revealed severe hyperglycaemia (blood glucose = 27.5 mmol/L), mild elevation of beta hydroxybutyrate (2.6 mmol/L), severe metabolic acidosis (bicarbonate = 8 mmol/L) and left shift on FBC. His glycated haemoglobin was 8.8%. His CXR did not reveal any infective process. He was commenced on intravenous insulin, and also intravenous ceftriaxone for broad spectrum coverage. Blood culture subsequently revealed growth of *Burkholderia pseudomallei* and patient was switched to intravenous Piperacillin-tazobactam. Subsequent imaging revealed splenic abscesses. His blood glucose was optimized with regular subcutaneous biphasic insulin during the inpatient stay. Patient was discharged well after completion of 2 weeks of intravenous antibiotics treatment, followed by oral antibiotics for 10 weeks.

Conclusion: Melioidosis remains endemic in Singapore. Practising physicians need to be aware of this potentially life-threatening condition and have lower threshold to commence on appropriate antibiotics to cover this organism patients with diabetes mellitus patients presenting with overt sepsis.