

MELIOIDOSIS, AN UNUSUAL CAUSE OF INFECTIVE ENDOCARDITIS: A CASE REPORT

Tonnii Sia¹, Yuwana Podin², Teik-Beng Chuah¹, Jin-Shyan Wong^{2,3}

¹Bintulu Hospital, Malaysia

²Universiti Malaysia Sarawak, Malaysia

³Borneo Medical Centre, Malaysia

Melioidosis is caused by *Burkholderia pseudomallei*. It has a high mortality rate due to its systemic involvement and intrinsic resistance to a myriad of antibiotics. We report the first occurrence of infective endocarditis due to gentamicin-susceptible *B. pseudomallei* in Sarawak of Malaysian Borneo. The patient, a heavy alcohol drinker, was a 29 year-old healthy male, who had been having fever and cough for two weeks. On admission, he was confused and in septic shock. His Glasgow Coma Scale (GCS) was E4V2M5, temperature 38 °C, blood pressure was 85/42 mmHg, pulse rate was 135 beats-per-minute. The blood culture soon grew *B. pseudomallei* and was confirmed by real-time polymerase chain reaction method targeting the type III secretion system (TTS1). This *B. pseudomallei* isolate showed gentamicin-susceptible by disk diffusion test. The patient was cared in intensive care unit and sedated for difficult ventilation due to severe pneumonia, which later complicated with ventilator-associated pneumonia. During third week of admission, he had new onset of left-sided hemiparesis (muscle power 1/5) and pansystolic murmur with thrills at the apex of the heart. A repeat CT scan of brain showed right corona radiata infarct with high parietal petechia haemorrhage. Echocardiogram showed thickened mitral valve with an oscillating mass at the posterior mitral valve leaflet with moderate eccentric mitral regurgitation suggestive of vegetation. The intensive phase therapy was IV ceftazidime for six weeks with IV gentamicin for 14 days, followed by oral co-trimoxazole as eradication therapy. He was discharged after 12 weeks of admission with minimal left sided weakness (modified Rankin score of 2) and intact cognitive function. Melioidosis infective endocarditis is rare. The intensive phase of melioidosis treatment has to coincide with the duration of treatment of infective endocarditis. This would require clinical judgement which is guided by the patient's clinical response and blood culture results.

tonnii_sia@yahoo.com