



Pathology Page

Melioidosis

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A 42-year-old man with diabetes mellitus and hypertension, which were under medical control for 5 years, had right leg necrotizing fasciitis for months. He received debridement surgery several times. Wound culture grew *Burkholderia pseudomallei*.



Fig. 1. Histopathology shows granulomatous inflammation with caseous-like necrosis (HE $\times 400$).

Abdominal computed tomography showed a splenic abscess, and a splenectomy was performed. Histopathology showed granulomatous inflammation, with caseous-like necrosis, consistent with melioidosis (Fig. 1). Melioidosis, caused by the Gram-negative bacilli *B. pseudomallei*, is an important cause of septicemia in southeast Asia, including China, Taiwan and northern Australia. This chronic persistent infection has a high mortality rate. *B. pseudomallei* is an environmental saprophyte found in wet soils. It mostly infects adults with an underlying predisposing background, mainly, as in this patient, diabetes mellitus. Melioidosis is histopathologically characterized by suppurative granulomas in the lungs, liver and spleen. The diagnosis relies on culture, as in our case. Even after extensive antibiotic therapy, the disease may relapse.

Further reading

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