A DIAGNOSTIC ODYSSEY: DIABETES MEETS MELIOIDOSIS

Dr.Prasanth P.Dev, DNB Resident; Dr.Sumesh Chacko,Consultant Physician; Lourdes Hospital,Kochi.

INTRODUCTION

- **Uncontrolled type 2 Diabetes Mellitus**, often referred to as **Harbinger of disseminated disease** as it significantly compromises host immunity.
- **Melioidosis**, caused by ***Burkholderia pseudomallei***, is an emerging but underdiagnosed infectious disease in India with protean manifestations, known as the **"great mimicker".**

CASE REPORT

49/M

10 years of **uncontrolled type 2 DM** and prior ischemic stroke

- High-grade fever, night sweats, and left-sided chest pain and polyarthralgia
- Elevated inflammatory markers and autoimmune antibodies and negative cultures.
- Symptoms initially resolved with empirical steroids and antibiotics.

2 weeks later

- Occipital headache, neck pain, and intermittent fever.
- Treated symptomatically again after imaging,
- Stable for six weeks.

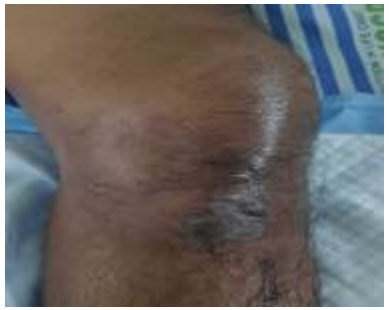
6 weeks later

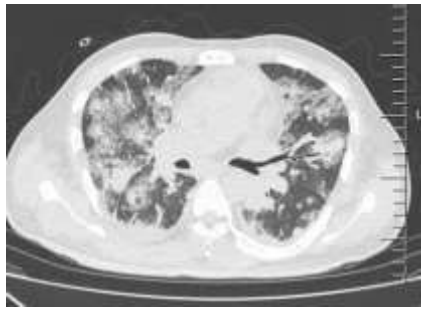
- High-grade fever, polyarthralgia ,left lower limb swelling and CT chest s/o septic pulmonary emboli

- Despite empiric therapy with steroids and antibiotics he deteriorated with demyelinating neuropathy and soft tissue swelling around knee

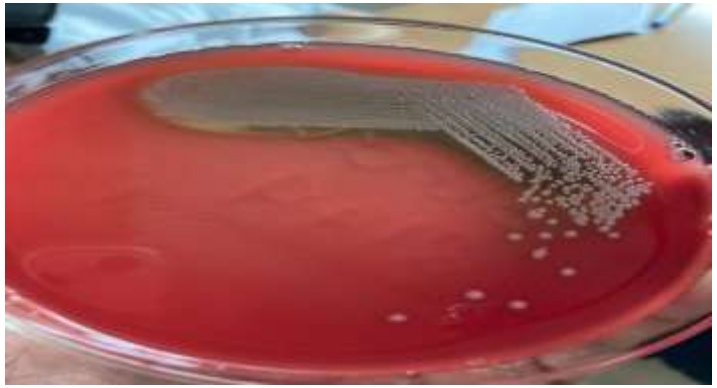
IVIg V/S STEROIDS?

- IVIg improved neuropathy and deferred steroids due to suspected systemic infection
- Later, he developed respiratory distress .





- Repeat blood culture and aspirated pus from the soft tissue abscess eventually identified ***Burkholderia pseudomallei***, confirming disseminated melioidosis



Treatment: Intravenous Meropenem and Ceftazidime, followed by Cotrimoxazole as part of the eradication phase.

DISCUSSION

- Melioidosis must be considered in patients with poorly controlled diabetes with prolonged fever and multisystem involvement, especially in endemic regions.
- Uncontrolled DM not only impairs immune responses but also complicates clinical assessment by unmasking parainfectious or autoimmune phenomena.
- This case reinforces the importance of high suspicion and avoiding premature immunosuppression before excluding infectious causes in diabetic patients

REFERENCES

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