

MELIOIDOSIS PYOGENIC SPONDYLODISCIITIS

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Introduction: Melioidosis, is a syndrome with protean clinical manifestations, caused by gram-negative *Burkholderia pseudomallei* [1]. Risk factors for melioidosis include diabetes mellitus, heavy alcohol consumption, chronic lung and kidney diseases [2]. Lack of awareness, inadequate laboratory facilities, and high prevalence of tuberculosis are the factors for underdiagnosis of melioidotic spondylitis [3]. We present a case of pyogenic melioidosis spondylodiscitis.

Discussion: A 60-year-old gentleman, underlying type 2 diabetes mellitus, presented with dull aching low back pain with intermittent bilateral lower limb numbness for 4 months, no history of trauma, fever, or Tuberculosis symptoms. He was treated as L3/L4, L4/L5 spondylolisthesis until he developed instability pain which needed walking aid in subsequent follow-ups at clinic. Clinically, antalgic gait is noticed with minimal tenderness over the lower lumbar spine, neurological examinations were normal. MRI showed L3/L4 discitis causing L3 and L4 end plate destruction, spinal cord stenosis and nerve root impingement. White cell count was 18, with ESR of 62 and CRP of 16. Tuberculosis workout and tumour markers were normal. The histopathological examination from the transpedicular biopsy of the lumbar spine showed acute and chronic inflammatory cells with no epithelioid granuloma or malignancy. Intravenous Vancomycin and Rocephin were started empirically for 6 weeks as blood including transpedicular biopsy culture and sensitivity reported no organism. Melioidosis IgM ELISA sent outsource was tested positive from patient's serum a month later. Patient's rest pain has improved and was able to ambulate without aid. With decreasing infective markers, repeated X-ray post 5-month infection showed no further collapse. His MRI, however, reported slight increase in destruction of L4 vertebral body. Antibiotic was continued for another 6 weeks.

Conclusion: False-positive IgM test results can occur with any pathogen, including melioidosis [4]. Hii et al. reported in-house IgG being a better indicator for early serodiagnosis melioidosis than IgM, hence should correlate clinically.