

Silent Tropical Killer In Barefoot Children

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INTRODUCTION

Melioidosis, highly infectious tropical disease, is caused by gram-negative *Burkholderia Pseudomallei*. Central Sarawak top the leader board among other countries such as northern Australia and Southeast Asian countries for incidence of paediatrics melioidosis¹. Kapit district reported the highest incidence rates in Malaysia at 20.2 per 100000 childrens¹. Bone and joint involved in melioidosis patients have an incidence of 41/536 (7.6%) reported from Northern Australia² and 44/334(13.2%) in South China³.

REPORT:

Our patient is a 3 years old girl referred from a district Hospital in Sarawak with persistent fever for 5 days associated with right foot swelling, and left eyelid swelling with pus discharge. Further history revealed the child frequently plays barefooted outside her house of residence.

She was diagnosed with disseminated multiorgan melioidosis and right foot abscess. Initial X-rays of right foot demonstrated no osteomyelitic changes. Cefazidime , Co-amoxiclav, Co-trimoxazole was started immediately upon arrival. She underwent emergency incision and drainage over right foot and also a series of modern dressing applications throughout her stay in Hospital Sib. Multiple pus samples were positive for *Burkholderia Pseudomallei* in addition to a positive ELISA IgM.

Due to the delayed healing of her right foot wound, serial Xrays were done 2 and 4 weeks after initial surgery which shows worsening osteomyelitis changes of 1st and 5th metatarsal. Her right foot wound is progressively improving with prolonged course of antibiotics.

Melioidotic osteomyelitis and septic arthritis are the uncommon presentation of melioidosis. A high index of suspicion is required to diagnose this particular complication, and must be aggressively treated to prevent further relapse and sequelae³.

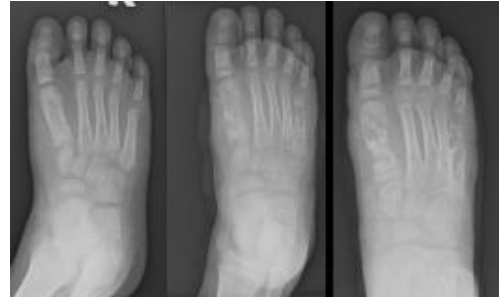


Figure 1: Progression of Xrays of right foot on 1st , 16th, 27th showing osteomyelitis of 1st and 5th metatarsal on 16/3/2023



Figure 2: Progression of wound of right foot on 3/3/2023 to 9/3/2023 to 24/3/2023

CONCLUSION:

Prompt and timely antibiotics treatment together with adequate surgical drainage and debridement remains the core management of bone and joint infection in melioidosis.

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