

Melioidosis, in the heart?

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ABSTRACT

Introduction: Melioidosis is a potential fatal zoonotic disease that is caused by gram negative bacteria, *Burkholderia pseudomallei* that is endemic to Southeast Asia and Australia. It has been named as “The Great Imitator” due to its vast clinical presentation, however, an isolated cardiac involvement is uncommon. We described a case of life threatening melioidosis complicated by pericardial empyema, whom was successfully treated with antibiotics and pericardial drainage. **Case Description:** A 62-year-old cultivator gentleman with a history of poorly controlled diabetes mellitus presented with 3 weeks of fever and weight loss. Patient was persistently febrile and clinically septic shock despite of empirical intravenous Ceftazidime (Fortum). The initial workup revealed a negative blood culture. Computed tomography scan thorax showed a large multiloculated rim enhancing pericardial collection without another solid organ abscess. Diagnostic and therapeutic open thoracotomy pericardial drainage by Cardiothoracic team drained total 300cc purulent pericardial fluid. Both pus and pericardial tissue grew *Burkholderia Pseudomallei*. Antimicrobial therapy with intravenous Ceftazidime was initiated. Patient responded well to ceftazidime and subsequently switched to maintenance regimen oral trimethoprim/sulfamethoxazole upon discharge. A follow up CT scan revealed resolved pericardial collection. **Conclusion:** This case underscores the importance of early recognition, appropriate antimicrobial therapy, and aggressive management of complications in melioidosis, especially when presenting with rare manifestations like pericardial empyema. Further research is warranted to explore optimal management strategies for such challenging cases.