

Infected Gouty Tophi Or Burkholderia Pseudomallei In Disguise

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INTRODUCTION:

Melioidosis, caused by the gram-negative *Burkholderia pseudomallei* bacillus is an infectious disease which is endemic in Southeast Asia particularly Malaysia, Thailand and Singapore.^[1] The clinical manifestations of melioidosis range from localized infection to overwhelming sepsis and death. It affects different organ systems with varying clinical patterns. The causative bacterium *Burkholderia pseudomallei* is called “the great mimicker” due to this wide array of clinical signs and symptoms. Pneumonia is the most common presentation while skin and soft-tissue infection comprise 13%–24% of clinical presentations.^[2] Cutaneous melioidosis may be primary, whereby presenting symptom is cutaneous infection or secondary, whereby melioidosis at other sites in the body with incidental skin involvement. Cutaneous melioidosis commonly presents as ulcer, pustule or crusted erythematous lesions.^[2] Here, we report a case of primary cutaneous melioidosis presenting as infected gouty tophi.

REPORT:

This is case report of a 61 years old gentleman underlying hypertension and gout who presented to hospital with one week history of right elbow swelling with fever. On examination, the swelling was hard in consistency with chalky material and pus discharge. Subsequently wound debridement was done over the right elbow. Intraoperatively there was minimal pus with abundant chalky material and the gouty tophi was sent for culture which then revealed *Burkholderia pseudomallei*. Further work up of blood investigations and ultrasonography confirmed the diagnosis and he was treated accordingly. Subsequent follow up showed well healed wound with granulation tissue. In this case of primary

cutaneous melioidosis, the organism mimics infected gouty tophi. Fortunately, it was identified early via intraoperative culture and proper management was offered to the patient.



Figure 1: Right elbow upon admission



Figure 2: Right elbow post debridement

CONCLUSION:

Melioidosis should be considered in the differential diagnosis of soft tissue infection as it varies in presentation and requires appropriate antibiotics for adequate coverage.

REFERENCES:

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2. Cheng A, Currie BJ. Melioidosis: epidemiology, pathophysiology, and management, *Clin Microbiol Rev*, 2005, vol. 18 (pg. 383-416)