中文題目：瀰漫性類鼻疽合併肺炎,菌血症及前列腺膿瘍;案例報告及文獻回顧

英文題目：Disseminated Melioidosis with Pneumonia, Bacteremia and Prostatic Abscess; A Case Report and Review of Literature

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Introduction:

Melioidosis, an infectious disease caused by the gram negative bacterium *Burkholderia pseudomallei*. It affected humans and animals by transmission via exposure of soil or contaminated water. In the endemic area like Southeast Asia and Northern Australia, melioidosis is considered a great imitator owing to its varied presentations with pneumonia, skin and soft tissue infection, or genitourinary involvement. In addition, it can cause bacteremia, fulminant sepsis with a high mortality rate. We reported a case with disseminated melioidosis and reviewed the literature.

Case report:

A 46-year-old male with type II diabetes mellitus, suffered from intermittent fever with general weakness for one week. The associated symptoms/signs included productive cough, dyspnea and dysuria. He lived in Kaohsiung and is an employee in a senior high school. He has camping at Taoyuan district recently. At emergency department, respiratory distress and unstable blood pressure were noted. physical examination showed icteric sclera and bilateral crackles in breath sounds. The laboratory test showed leukocytosis of 15050/uL in white blood cell count, elevated C-reactive protein of 333 mg/L, acute kidney injury of creatinine 2.92mg/dL, liver function impairment, and pyuria in urine analysis. The chest computed tomography (CT) revealed bilateral multiple nodular lesions, and the abdominal CT revealed hypodense lesions in prostate. The patient was admitted to Medical Intensive Care Unit due to acute respiratory failure and septic shock. Empirical antibiotics with ceftriaxone, levofloxacin and doxycycline were prescribed. Three days later, the blood culture yielded *Burkholderia pseudomallei* and the antibiotics were shifted to ceftazidime. Prostatic abscess drainage was performed and the pus culture also yielded *B. pseudomallei*. After 42 days treatment of ceftazidime, we shifted antibiotics to oral trimethoprim 80mg/sulfamethoxazole 400mg twice daily for maintainance therapy, and the patient was followed-up at our outpatient department regularly.

Conclusion:

We herein report a classical case of disseminated melioidosis presenting with septic

shock, pneumonia, bacteremia and prostatic abscess. In review of literature, melioidosis is endemic in southern Taiwan and sporadic increased in rainy seasons or after typhoon. At ten-years collection of reported mellioidosis in Kaohsiung Medical University Hospital, the most common presentation was bacteremia(71.4%, 10/14)and followed by pneumonia(50%, 7/14), skin and soft tissue infection(21%, 3/14), and osteomyelitis(21%, 3/14). The most common comorbidity was diabetes mellitus that is the same in literature. Effective antimicrobial drug and adequate drainage of abscesses are crucial in treatment of fatal infection, however, clinical diagnosis of melioidosis is difficult without positive culture report. Awareness of melioidosis should be emphasized in endemic areas. We present this case and share our experience with physicians in Taiwan.