

原文題目(出處)：	Melioidosis: an uncommon cause of neck abscess
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內文：

Introduction

Melioidosis is a life-threatening disease caused by *Burkholderia pseudomallei*. It is endemic in Southeast Asia with a few reports from the Western world. It is transmitted via inhalation, ingestion or direct contact with an open wound. Clinically it may present with local or systemic symptoms.

Mortality rate is very high in systemic disease; but local infection is usually mild, which causes delay in seeking medical attention.

Case

A 47-year-old housewife with type 2 diabetes mellitus presented with a mass on the right side of the neck for 2 weeks. She denied any pain, fever or difficulty in swallowing. She had no breathing problems or dental complaints.

Examination

- Apyretic
- A mass on right posterior triangle of the neck for 2 weeks, nontender.

Systemic examination

- Normal
- Total white count ; mildly elevated
- Serum glucose level ; normal

Treatment

She underwent emergency surgical drainage under general anesthesia. Pus for culture and sensitivity grew *Burkholderia pseudomallei*.

During ward stay and postoperative daily neck dressings, she was on a 6-week course of intravenous ceftazidime 1g (第三代cephalosporin) twice a day, combined with cotrimoxazole (trimethoprim 和 sulfamethoxazole 以 1:5 組合). Postoperative period was uneventful, and she was discharge well with oral co- amoxycylav (Amoxicillin Sodium 和 Clavulanic Acid.)

Clinical Photo

- Abscess in the right posterior triangle of the neck



Fig. 1. Neck mass (arrow) at right posterior triangle of the neck.

CT scan

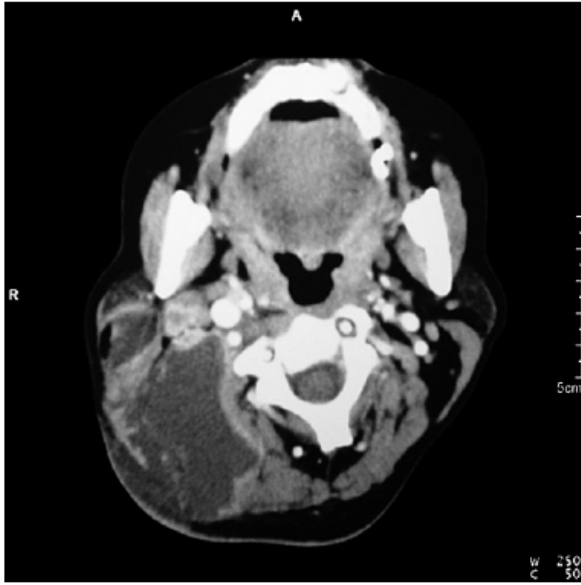


Fig. 2. Computed tomographic scan of the neck with hypodense lesion at the right posterior triangle of the neck.

- Computed tomographic scan of the neck with hypodense lesion at the right posterior triangle of the neck

Discussion

- Cause: *Burkholderia pseudomallei* (*Pseudomonas pseudomallei*)
- Free-living, G(-), aerobic
- Widespread in Southeast Asia, Northern Australia
- Usually affects farmers or those from rural areas in the endemic area
- Natural inhabitant of soil and water in the tropics and subtropics but also survive in dry atmospheric condition.
- Zoonotic ; spread to human from animals through inoculation 、 ingestion or inhalation. Cases of human-to-human spread are rare but documented.

Clinical manifestation

Range from localized infection to acute pneumonia and fulminant septic melioidosis. Once infected, it may remain dormant and become active after months 、 years or decades when the host is immunocompromised.

Localized melioidosis occurs in the form of acute suppurative lesions or superficial and deep-seated abscess in the psoas muscle, parotid glands, cervical lymph nodes, and at the root of the mesentery. It may also present as cellulitis, chronic otitis media, and sepsis after burns and trauma.

In this case, prolonged painless neck swelling not associated with fever makes melioidosis one of the differential diagnoses. Its clinical presentation differs from other typical “hot” abscesses, which are commonly caused by oral organisms.

Treatment

- Goal ; Reduce mortality and morbidity
- Systemic melioidosis ; ceftazidime(第三代cephalosporin) , carbapenem(Beta-lactam antibiotic)
- Localized infection ; Doxycycline (tetracycline衍生物) in combination with co-

- trimoxazole (trimethoprim和sulfamethoxazole以1:5組合)
- Acute severe melioidosis
 - Ceftazidime alone or combine with co- trimoxazole or ciprofloxacin (synthetic antibiotic , inhibiting cell division)
 - Parental amoxyclav (Amoxicillin Sodium和Clavulanic Acid.)
 - Imipenem (intravenous β-lactam antibiotic)
 - Meropenem subgroup of carbap (1g or 25mg/kg every 8 hours IV for 14 days)
 - Despite appropriate treatment, melioidosis has a high relapse rate
 - Average time between discharge from hospital and relapse is 21 weeks
 - Treated patients require long-term follow-up because B. pseudomallei remains latent for up to 26 years in the body
 - For eradication therapy, co-amoxyclav (Amoxicillin Sodium和Clavulanic Acid.) is a safe and well-tolerated antimicrobial agent.

Conclusion

Melioidosis should be borne in mind in cases of cold abscesses of the neck when the characteristic features of abscess are missing, for example, fever and tenderness.

Ceftazidime is recommended while waiting for the definitive result and must be subsequently continued with eradication therapy if the culture is positive.

題號	題目
1	下列何種疾病不是由細菌感染引起? (A) impetigo (B) syphilis (C) tuberculosis (D) Varicella
答案(D)	出處：Oral & maxillofacial Pathology 2 nd e P163
題號	題目
2	AIDS患者口顎部，因細菌感染而引起的病灶，較常見的是 (A) Submandibular cellulitis (B) Sinusitis (C) HIV-associated periodontitis (D) Klebsiela pneumoniae
答案(C)	出處：Oral & maxillofacial Pathology 2 nd e P237