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Melioidosis: An underdiagnosed entity in Odisha. A series of four cases over a two months period

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Background: With increasing awareness of melioidosis, increasing number of cases are now being reported from various regions of India, particularly South India. There is only one published report from Odisha, a state in Eastern India, till date. We report four cases of melioidosis, two septicaemic and two localized cases, which presented to our hospital, over a period of two months.

Methods & Materials: Case 1: A 42 years old man, was referred our hospital with high grade fever and worsening abdominal pain in the left hypochondrium for last one month. CECT of the abdomen revealed splenomegaly with innumerable abscess cavities. *B. pseudomallei* was isolated from blood and splenic aspirate and was sensitive to Ceftazidime, Imipenem, Meropenem, Co-trimoxazole and Amoxicillin-clavulanic acid. Despite treatment with I.V ceftazidime and other supportive therapy, patient developed rupture of abscess to peritoneal cavity and emergency splenectomy was done. The patient expired on the 2nd post-operative day due to sepsis and cardiac arrest.

Results: Case 2: A 58-year-old diabetic patient presented with fever and cough of 3 months and worsening breathlessness and abscess in the back for a fortnight. Chest x ray revealed empyema thoracis. *B. pseudomallei* was isolated from blood and pus. He was started on intravenous (IV) ceftazidime for 2 weeks and currently on suppressive therapy with trimethoprim–sulfamethoxazole. At this time he remains asymptomatic.

Case 3&4: Two cases mimicked tuberculous cervical lymphadenitis with raised ESR. Pus from lymph node aspirate yielded pure growth of *B. pseudomallei* in both cases, following which appropriate treatment for melioidosis was instituted. Both patients made a dramatic recovery. [Figure 1](#).

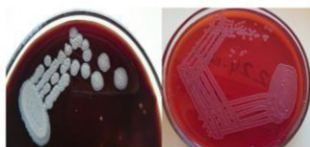
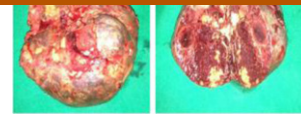
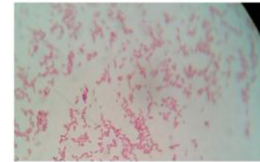


Figure 1. Large, flat, dry, wrinkled, colonies on sheep blood agar (left) with central umbonation at 96 hours of incubation. Pale pink colonies on MacConkey agar (right).



Multiple abscesses in the spleen



Gram negative Coccobacilli exhibiting bipolar staining, Safety pin appearance

Conclusion: We want to emphasize here on three important aspects, early clinical suspicion, prompt laboratory diagnosis and adequate intensive phase therapy. Chronic melioidosis often mimics tuberculosis and needs microbiological evaluation for proper management. Failure to respond to ceftazidime in the first case despite in vitro susceptibility is a cause of huge concern. A combination of a high index of suspicion, culture confirmation, early recognition of sepsis, and aggressive management of intensive phase with parenteral ceftazidime is necessary. A prompt switch to carbapenem is indicated if the clinical condition worsens with the administration of ceftazidime.

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Genetic diversity of *Orientia tsutsugamushi* strains from patients in North India

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Background: Scrub typhus has emerged as a major cause of acute febrile illness in India in recent years. The causative agent, *O. tsutsugamushi* has more than 20 antigenic types due to a variable 56-kDa outer membrane protein. It is crucial to know the prevailing antigenic types in India for the success of diagnostic immunoassays and prospective vaccine candidates. In north India, the principal antigenic types circulating are unknown. Our tertiary care hospital caters to a very large area of north India (around 8 states with ten million population). Therefore, the current study was planned to identify the genotypes of *O. tsutsugamushi* isolated from patients presenting to our hospital from this wide area of north India.

Methods & Materials: All patients with AFI presenting to the hospital between July 2013 and December 2013 were included

