

MELIOIDOSIS: AN EXOTIC REEMERGING INFECTIOUS DISEASE

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ABSTRACT

Burkholderia pseudomallei (formerly *Pseudomonas pseudomallei*) is the causative organism and its role in the development of Melioidosis and septicemia is known to scientists for a century. Despite the introduction of many new antimicrobial agents with enhanced activity against *B. pseudomallei*, the high mortality in *Septicemic melioidosis*, over the years continues. The disease is endemic in South East Asia and Northern Australia. Thailand has reported highest number of cases. Melioidosis also been documented in many other countries. In endemic areas organism is found in the surface water and soil and are usually transmitted to humans by cutaneous or by inhalation. Clinical presentation range from septicemia, skin ulcers, or chronic pneumonia mimicking tuberculosis, with abscesses in multiple internal organs. Therapy of melioidosis remains an unresolved problem, with high mortality rate in septicemic patients with defined risk factors such as diabetes, alcohol abuse and renal disease. *B. pseudomallei* are generally susceptible to ceftazidime, Imipenam, Meropenam, and maintenance therapy with sulphamethoxazole-trimethoprim and doxycycline. *B. pseudomallei* is commonly resistant to ampicillin, first generation and second generation cephalosporins and, gentamicin, and tobramycin. Recurrent disease are common in all varieties of melioidosis because of failure of eradication or noncompliance. Melioidosis is a Global reemerging infectious disease. This paper reviews the pathogenesis, clinical manifestation and the role of melioidosis as an reemerging infectious disease.

KEYWORDS: *Burkholderia pseudomallei*, Pathogenesis, Clinical Manifestation, Therapy