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Disseminated melioidosis presenting as a deep neck space infection

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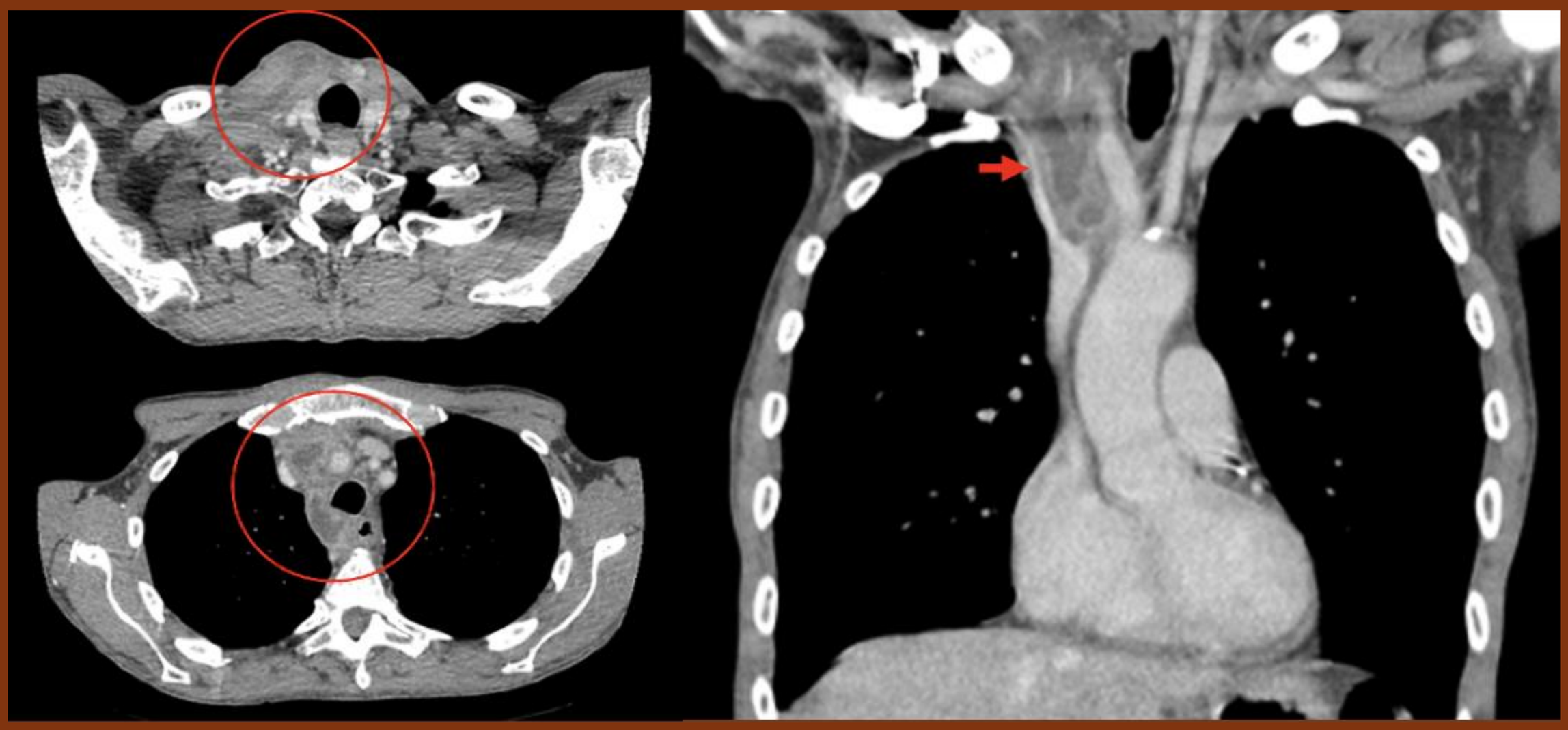

Figure 1: CT showing melioidosis with suppurative mediastinal lymphadenopathy extending up to the root of the right neck

Background

Melioidosis, caused by Burkholderia pseudomallei, is endemic in northern Australia and can mimic routine head and neck infections. Early recognition is critical, particularly when infection is rapidly progressive or intraoperative findings are atypical.

Case presentation

62-year-old man with Parkinson disease, COPD and heavy tobacco use presented with:

- Progressive right neck swelling and pain.
- Inferior extension of swelling.
- 3 × 3 cm fluctuant mass deep to the SCM.
- Normal flexible nasoendoscopy.

Imaging

CT demonstrated: (Figure 1)

- Right deep neck collection.
- Suppurative mediastinal lymphadenopathy extending into the neck.
- Disseminated pattern rather than isolated cervical abscess.

Operative Findings

Drainage revealed:

- Abscess tracking along the inferior SCM into the mediastinum.
- Copious thick purulent **Creamy/yellow granular material.**
- Culture: ***Burkholderia pseudomallei*.**

Management & Outcome

Surgical drainage → IV meropenem + ceftazidime → oral TMP-SMX eradication therapy

- Resolution of neck and mediastinal collections.
- No recurrence on follow-up imaging.

Discussion

Melioidosis can masquerade as a routine deep neck infection. In endemic regions, rapid progression, mediastinal extension or atypical creamy/granular operative material should prompt consideration of melioidosis and appropriate microbiological testing.

KEY LEARNING POINTS

1. **Consider melioidosis in atypical deep neck infections in endemic regions.**
2. **Mediastinal extension may indicate disseminated disease.**
3. **Atypical intraoperative material should prompt targeted culture.**
4. **Early diagnosis enables appropriate antimicrobial therapy.**