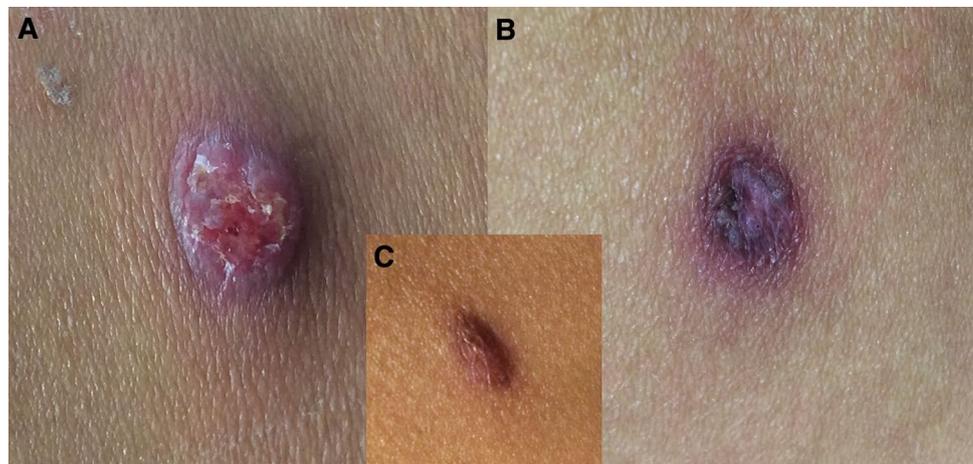


## Primary skin melioidosis in a returning traveler

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Received: 12 December 2014 / Accepted: 24 January 2015 / Published online: 6 February 2015  
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**Fig. 1** **a** Initial presentation, elevated lesion spanning about 15 mm; **b** healing lesion after Ciprofloxacin therapy; **c** residual hyperpigmented indolent nodule spanning 5 mm in diameter 45 days after completion of treatment



A 28-year-old previously healthy female Thai native German resident reported a history of headache and fever with a singular wound for 5 weeks on the lower back after vacation in Bangkok/Thailand. The lesion was elevated with a cauliflower-like aspect (Fig. 1a). The patient reported local

tenderness and denied night sweats or weight loss. The physical examination was otherwise unrevealing. Wound-swab cultures were obtained and empirical treatment started with ciprofloxacin 500 mg BID. Blood tests (CBC, CRP, ESR, basic liver- and retention parameters) were

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within normal limits. Serologically, no evidence for syphilis, *Leishmania spp.* or HIV. Swab cultures grew whitish wrinkled colonies on blood media which were identified with MALDI-TOF-MS<sup>1</sup> [1] to be *Burkholderia pseudomallei*. AST<sup>2</sup> demonstrated susceptibility against tetracycline, piperacillin and quinolones as well as ceftazidime. Resistance against cotrimoxazole, a possible treatment option was detected. Although the wound showed healing tendencies (Fig. 1b) after 7 days of ciprofloxacin treatment, regimen was changed to ceftazidime i.v. 40 mg/kg for 10 days and a follow up of 56 days of doxycycline 100mg BID. The skin closed completely and left a hyperpigmented scar (Fig. 1c). Immuno-Blot against *B. pseudomallei* LPS-Type-A was positive [2].

Melioidosis is common in Southeast-Asia and North-Australia, but rarely reported in travelers [3]. The infection is potentially lethal (up to 50 % in Thailand) [4] and can reoccur and disseminate years after systemic treatment in 13–23 % of cases. Several months of treatment are advised also for singular skin lesions [5]. Melioidosis is a very variable disease occurring in immune compromised or healthy

individuals, in 12 % of cases it manifests primarily as a skin lesion [5].

**Conflict of interest** The authors declare no conflicting financial interests.

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<sup>1</sup> MALDI-TOF-MS: matrix assisted laser desorption/ionization time of flight mass spectrometry; the system used was the Bruker Microflex/Biotyper package with the regular and bioterror database.

<sup>2</sup> AST: Antibiotic susceptibility testing; performed according to EUCAST guidelines.