

**CLINICAL QUIZ**

**Eyelid Abscess with Dacryocystitis due to *Burkholderia pseudomallei***

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**ANSWER**

Melioidosis is an infection caused by *Burkholderia pseudomallei*, which is a Gram-negative, saprophytic bacterium. Melioidosis can present with a broad spectrum of clinical manifestations including pneumonia, skin and soft tissue infection, visceral organ abscesses, neurological disease, bone/ joint infection, and bacteraemia (Cheng & Currie, 2005). Ocular disease is a rare presentation of melioidosis; periorbital or orbital cellulitis, eyelid abscess, endophthalmitis, and panuveitis were among the reported cases (Yaisawang et al., 2018; Chang, 2020). Eyelid abscess due to melioidosis is treated with surgical drainage and antimicrobial therapy, which consists of intensive phase (ceftazidime or meropenem) and eradication phase (trimethoprim-sulfamethoxazole or amoxicillin-clavulanic acid) (Dance, 2014).

Clinicians should maintain a high index of clinical suspicion of melioidosis in patients presenting with eyelid abscess in areas where melioidosis is endemic. Hence, antibiotic therapy should be initiated promptly in suspicious cases, and surgical drainage of the abscess is a crucial aspect of management besides standard antibiotic therapy.

## REFERENCES

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