



Fatal Melioidosis in a Pregnant Woman with Systemic Lupus Erythematosus and High-Risk Autoantibody Profile



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Introduction

SLE during pregnancy increases susceptibility to severe infections and adverse fetal outcomes, especially in active disease. Melioidosis is a neglected tropical infection that can cause rapid deterioration in immunocompromised hosts. We describe a fatal case of SLE flare in pregnancy complicated by Burkholderia pseudomallei sepsis, highlighting the need for early infection vigilance and multidisciplinary coordination.

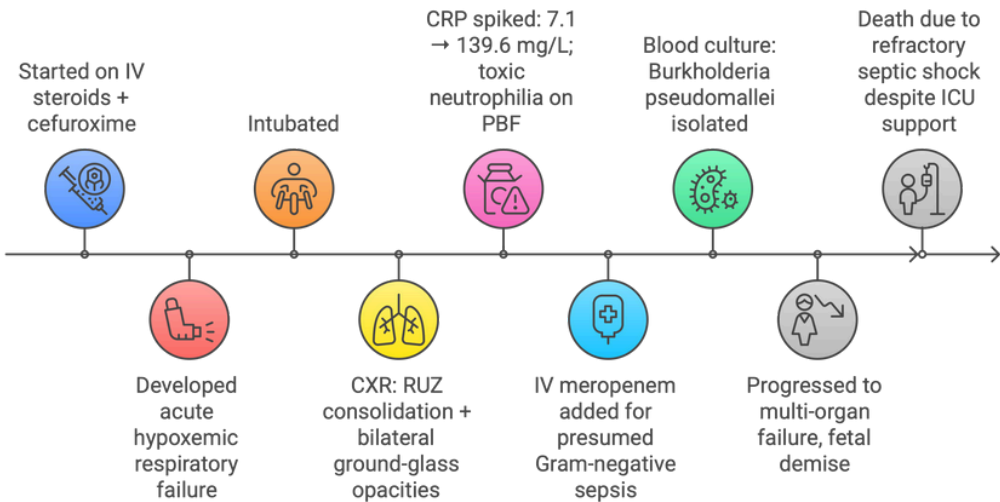
Case Summary

- Patient Profile**
 - 19-year-old woman with SLE (hematologic, mucocutaneous, musculoskeletal involvement)
 - Defaulted rheumatology follow-up since Nov 2024
 - Unbooked 20-week pregnancy
- Clinical Presentation**
 - Worsening malar rash, maculopapular lesions, oral ulcers, alopecia, systemic symptoms
 - Use of traditional topical creams (sourced from Indonesia)
- Laboratory Findings**
 - ANA 1:1280 (speckled)
 - Anti-SSA, Anti-SSB, Ribosomal P, equivocal anti-Sm
 - Lupus anticoagulant positive
 - Skin biopsy: interface dermatitis consistent with cutaneous lupus
- Initial Management**
 - IV methylprednisolone + IV cefuroxime (presumed lupus flare with secondary infection)



Figure 1 and 2: Extensive facial dermatitis and ulcerated forearm lesions suggestive of cutaneous flare with secondary infection.

Clinical timeline



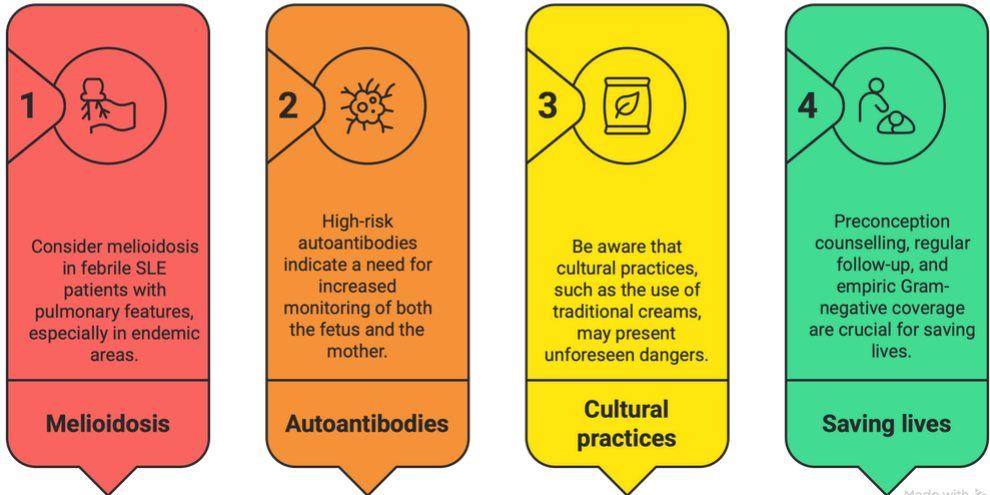
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Autoantibody	Clinical Implication
Anti-SSA / SSB	Neonatal lupus, congenital heart block
Ribosomal P	Neuropsychiatric lupus, psychosis risk
Lupus anticoagulant	Thrombotic risk, pregnancy loss
Equivocal anti-Sm	Supportive of lupus, not diagnostic

Discussion

- Clinical Pearls for Rheumatologists**
 - B. pseudomallei causes severe pneumonia and sepsis, often fatal in immunocompromised hosts.
 - Disrupted skin barrier (e.g. from traditional creams) may serve as entry point.
 - Febrile lupus patient in endemic regions with lung involvement warrants empirical melioidosis coverage.
 - Absence of preconception planning, unbooked pregnancy, and treatment non-adherence contributed to poor maternal-fetal outcomes.
 - Requires early ICU involvement, aggressive empiric antibiotics, and multidisciplinary care (rheumatology, ID, obstetrics).

Conclusion



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Reference

Nathan S, Chieng S, Kingsley PV, Mohan A, Podin Y, Ooi MH, Mariappan V, Vellasamy KM, Vadivelu J, Daim S, How SH. Melioidosis in Malaysia: Incidence, Clinical Challenges, and Advances in Understanding Pathogenesis. Trop Med Infect Dis. 2018 Feb 27;3(1):25. doi: 10.3390/tropicalmed3010025. PMID: 30274422; PMCID: PMC6136604.

