

Systemic Melioidosis

There are certain comments regarding a recent article regarding Melioidosis [1]. *Burkholderia Pseudomallei* has been described as a Vietnamese time bomb and is considered as a potential biological weapon. Despite disputes regarding the etiology of Plague in Maharashtra and Gujarat in 1994, the likely etiology was *B. pseudomallei* [2]. We have reported around 20 cases in a span of 4 years. Most of the published data on Melioidosis comes from the coastal areas mainly Kerala, Karnataka, Maharashtra and Pondicherry [3-5] and most of the patients were diabetics. The infection is usually seen during the melioidosis, prophylactic ceftazidime is advisable for the treatment as the infection may lead to septicemia and may have bad prognosis. In the laboratory, bipolar, gram negative bacilli should arouse the suspicion of *B. Pseudomallei*. Wrinkled, pinkish colonies on McConkey's agar which are oxidase positive should be tested for gentamicin, and polymyxin B, as the bacilli is resistant to both.

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Fourth Ventricle Tuberculoma

Neurotuberculosis presenting as space occupying lesion (tuberculoma) within the brain parenchyma is commonly encountered in developing countries [1]. Tuberculomas occur due to hematogenous spread and are generally intra-parenchymal in location with extra-axial and intra-ventricular locations being rare [1-4]. We present a rare case of fourth ventricular tuberculoma.

A four-and-half year old female child presented in a semiconscious condition with a history of

progressive severe headache, vomiting and double vision for one week and low grade fever for two months. There was no past history of tuberculosis. Fundus examination revealed papilledema; rest of the neurological examination was unremarkable. Chest X-ray was normal. MRI showed conglomerate ring enhancing lesions in the fourth ventricle with moderate hydrocephalus (**Fig. 1**) and leptomeningeal enhancement in the left temporal region. Surgical shunting of CSF was done by placing ventriculo-peritoneal shunt. CSF examination of the patient demonstrated elevated protein levels (310 mg/dL) and low sugar (38 mg/dL) with 90% lymphocytes. CSF culture yielded growth of Mycobacterium. Child was started on