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#### Guidelines for HER2 reporting in breast cancer: Recommendations by the Malaysian Breast Pathology Working Group

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**The International Congress of Pathology & Laboratory Medicine (ICPALM) 2025:  
Pathology & Artificial Intelligence: Transforming Diagnostic & Patient Care held  
on 21<sup>st</sup> – 23<sup>rd</sup> July 2025 at Shangri-La Hotel, Kuala Lumpur, Malaysia**

**ICPALM 2025: International Speakers**

### **MM34: Recurrent Abscesses in a Healthy Adolescent with Complex Paediatric Melioidosis: A Case Report**

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*Introduction:* Melioidosis, caused by the environmental Gram-negative bacillus *Burkholderia pseudomallei*, exhibits diverse clinical syndromes from localised infection to fatal sepsis. Paediatric cases represent 5–15% of all melioidosis, with mortality ranging from 7–59%. *Case report:* A 13-year-old Malay boy presented with recurrent right inguinal abscesses extending into the iliopsoas muscle and anterior abdominal wall; initially misdiagnosed as a simple skin infection, definitive therapy was consequently delayed. Due to his unresolved pain and swelling progression despite antibiotics, he was admitted, and the contrast-enhanced CT confirmed abscess extension, necessitating tissue debridement. The tissue cultures isolated *B. pseudomallei*, susceptible to ceftazidime but resistant to trimethoprim–sulfamethoxazole (SXT). He received four weeks of intravenous ceftazidime followed by twelve weeks of oral amoxicillin–clavulanate. Investigations revealed impaired glucose tolerance, folate deficiency, and hypochromic microcytic anaemia. The patient attained full clinical and biochemical recovery at the completion of the maintenance phase. *Discussion:* This case highlights an unusual paediatric presentation with minimal environmental exposure and identifies host vulnerability mild hyperglycaemia, folate deficiency, and anaemia—that may impair innate and adaptive immunity, facilitating intracellular proliferation. The SXT resistance disrupts standard oral eradication, increasing relapse risk and necessitating alternative regimens. Emergent SXT resistance underscores the urgent need for surveillance of resistance genotypes and development of novel oral

eradication strategies. Complex paediatric melioidosis demands multidisciplinary management, vigilant clinical and laboratory monitoring, and adherence to prolonged antimicrobial therapy. Prospective studies on subclinical host variables in paediatric melioidosis are critically needed to enhance and refine risk stratification and therapy methods.