

**Utility of a rapid lateral flow assay to resolve erroneous identification of *Burkholderia pseudomallei* as *Burkholderia thailandensis* by Matrix-Assisted Laser Desorption Ionization–Time of Flight (MALDI-TOF) mass spectrometry**

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1 **Intended category:** Letter to the Editor: New-Data

2

3 **Title:** Utility of a rapid lateral flow assay to resolve erroneous identification of  
4 *Burkholderia pseudomallei* as *Burkholderia thailandensis* by MALDI-TOF Mass  
5 Spectrometry.

6

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30 Sir,

31 Timely identification of *Burkholderia pseudomallei* is important to optimise clinical  
32 management of this frequently lethal condition (1) and to prevent laboratory acquired  
33 infections.

34 A 53-year-old fisherman from Da Nang, Vietnam, presented to an Australian hospital  
35 with a ruptured mycotic aortic aneurysm between the celiac trunk and superior  
36 mesenteric artery. Past history was significant for type 2 diabetes mellitus and  
37 untreated chronic Hepatitis B.

38 After 36 hours of incubation, the aerobic peripheral blood culture (BACTEC™ BD,  
39 USA) flagged with a Gram-negative bacillus with bipolar staining. At 24 hours  
40 incubation at 35°C in atmospheric oxygen there was equal growth on horse blood  
41 and McConkey agar (bioMerieux, Australia) of moist, cream-coloured non-lactose  
42 fermenting, oxidase positive colonies. The bacteria were also cultured from aortic  
43 tissue. The isolate was identified by MALDI-TOF Mass Spectrometry (MS) (Bruker  
44 Daltonics) using the Standard database (version 7.0) as *Burkholderia thailandensis*  
45 with an identification score of 1.97 (genus-level identification 1.7-2.0, species-level  
46 identification >2.0). *B. pseudomallei* was not a listed organism within the probability  
47 results. Given the suggestive epidemiological and clinical features for *B.*  
48 *pseudomallei* the isolate was referred to the Menzies School of Health Research  
49 (Darwin, Australia) for definitive identification. A rapid lateral flow immunoassay  
50 (LFA) against the *B. pseudomallei* capsular polysaccharide antigen (CPS) (2) was  
51 positive (Figure 1) and likewise, the isolate was identified as *B. pseudomallei* by the  
52 VITEK®2 (93% probability) and API® 20E after 48 hours growth. A *B. pseudomallei*  
53 species specific PCR targeting the type III secretion system gene (3) was positive

54 providing conclusive identification. Interestingly, repeat mass spectrometry using the  
55 bioMérieux VITEK MS with the standard database also incorrectly identified the  
56 isolate as *B. multivorans* (99.9% probability).

57

58 Increasingly MALDI-TOF MS is used as a rapid and reliable technique for bacterial  
59 identification; however, the absence of reference spectra for rare and high-risk  
60 pathogens such as *B. pseudomallei* within the standard Bruker and VITEK MS  
61 databases may lead to misidentification of *B. pseudomallei* as the genetically similar  
62 but much less pathogenic *B. thailandensis* (4-7). Use of in-house curated databases  
63 with *B. pseudomallei* isolates from a broad geographic distribution or commercial  
64 'Security Relevant' databases is associated with improved diagnostic accuracies of  
65 up to 100% (4, 5, 8-10). However, these databases are not routinely available to  
66 most clinical laboratories and misidentifications can still occur if the 'Security  
67 Relevant' databases are not fully operational.

68

69 This case demonstrates the potential utility of the recently developed LFA against  
70 the *B. pseudomallei* CPS (2) as a rapid point-of-care and adjunct to MALDI-TOF MS  
71 in routine clinical microbiology laboratories. The LFA is highly sensitive (98.7%) and  
72 specific (97.2%). It is also rapid (15 minutes) and can be performed on bacterial  
73 cultures or direct clinical samples (2), although sensitivity is significantly lower (40%)  
74 on culture unenriched whole-blood (11). Although the LFA remains experimental  
75 and is yet to be FDA approved, its ability to resolve identification dilemmas renders it  
76 a highly useful diagnostic assay. The Rapid Latex Agglutination Assay (12) is  
77 another highly sensitive (99.1%) potential adjunctive test for *B. pseudomallei*  
78 identification.

79 Word Count: 497

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136 Figure 1: Lateral Flow Immunoassay against *B. pseudomallei* capsular  
137 polysaccharide: Arrow 1 - patient isolate, Arrow 2 - positive control.

