

Asian Disease Stalks Veterans

Often misdiagnosed, sometimes-fatal illness from Vietnam can lie dormant

By Adrian Peracchio

Nearly one-quarter million Vietnam veterans may still carry, unaware, the germ of a disease endemic to Southeast Asia whose symptoms typically do not show up for a decade or longer after exposure, according to medical researchers.

Although the disease, melioidosis, can be tested and treated successfully with antibiotics, it has usually been diagnosed in veterans through "serendipity," as one researcher put it—or after autopsies. When its symptoms appear, they may mimic common diseases, like pneumonia, arthritis and even heart trouble, and be treated improperly, only to flare up again, medical experts said.

The disease, a biological legacy of the Vietnam War that occurs in both acute and chronic forms, was first documented in American veterans in the mid-1960s. Tropical medicine experts, however, have known it since the early 1900s as a kind of medical time-bomb for its propensity to lie

dormant for years.

Left untreated, chronic melioidosis can attack virtually every major organ with the exception of the gastro-intestinal system, usually through internal abscesses or lesions, and can be fatal in extreme cases. The swellings and lesions it causes resemble the effects of glanders, an infectious disease of horses and donkeys, experts said.

The bacterium that causes it, *pseudomonas pseudomallei*, is endemic to the soil, water and fruit of Southeast Asia. Ingested, breathed or absorbed through cuts, it can cause an acute attack of melioidosis, which can be fatal unless treated immediately, or it can remain latent for years in its chronic form. The bacterium is so potent that it was studied as a potential germ warfare agent by the Naval Laboratory in Oakland, Calif., in the early 1950s, according to a biochemist who had worked on that project. But it was never adopted for the military arsenal.

Although a quarter-million servicemen may carry the bacterium, many will never suffer from

the disease. Melioidosis has also shown up among Asian immigrants to the United States. The rate of illness from the disease in Asia is not known.

Since the early 1970s there have been documented reports in medical journals of several melioidosis cases in the United States, all but one involving Vietnam veterans. In the case not directly involving an ex-serviceman, a laboratory technician testing blood samples of a Vietnam veteran became infected. One report documented the sexual transmission of the infection from a 24-year old veteran in Mississippi to his wife, although the disease is not venereal.

In one bizarre case, the death of a 58-year-old Army sergeant who had served in the Central Highlands of Vietnam was mistakenly diagnosed as a heart attack. On autopsy, pathologists discovered that a small abscess caused by melioidosis had eaten through the myocardium, precipitating all the signs of a heart attack.

In another unusual case, a former Air Force

—Continued on Page 25

Asian Disease Stalks Vietnam Veterans

—Continued from Page 4

mechanic contracted the disease in the Philippines, an area where melioidosis is not endemic. Military physicians could not understand how he got it. It turned out that one of the airman's duties involved hoisting off the wheels of military airplanes that had landed in Vietnam. Subsequent tests showed that he had inhaled contaminated dust from the hose spray.

Neither the national Center for Disease Control in Atlanta nor the Veterans Administration, however, track the disease.

Dr. Walter Schlech, a bacterial disease specialist at the center, said melioidosis is considered too rare for a formal monitoring program. Between 60 and 100 serological tests, those of body fluids, sent to the center from all areas of the United States prove positive for melioidosis each year—a low rate, he said. He warned, however, that the chances for general practitioners to mistake the symptoms of the disease as some other disorder were high. "There is often a good chance of misdiagnosis," Schlech said. "A physician should always get a travel history." Another researcher at the center, Dr. Joseph McCormick, said that the potential for the disease to crop up remains high, although actual documented cases so far are few.

A 1978 survey of 1,000 American troops conducted by Navy medical researchers showed that 9 per cent of those who had served in Vietnam had been infected at levels consistent with the chronic form of melioidosis. If that percentage is typical of the rate of infection among U.S. servicemen in Vietnam, the researchers said, about 230,000 veterans could harbor the organism, and U.S. physicians should be on the lookout for sporadic occurrences of chronic melioidosis for the next 20 years. The dormant form of the disease can be triggered by a violent accident, a bad case

of flu, surgery, a long bout of heavy drinking or the onset of diabetes, medical experts said.

Dr. Susan Mather, of the VA's department of medicine in Washington, said that about 100 cases of acute melioidosis were seen at Walter Reed hospital during the Vietnam War and that 10 per cent of those patients died. But she said the VA has not monitored chronic cases. "It's not something we would see a lot of," she said. "Even where it's endemic, it's fairly rare. And it is certainly treatable if it's caught in time. A GP may not know about it, but an internist at a hospital certainly would."

However, in a January, 1979, report, "Melioidosis: Vietnamese Time Bomb," the editors of Emergency Medicine warned that few civilian physicians are trained to recognize the symptoms of melioidosis or to associate them routinely with service in Southeast Asia. "[A] reservoir of infection resides in countless ex-servicemen in this country," the journal warned. "The trouble is, the first physician they see when the disease crops up may be a civilian, for whom Vietnam is just an unpleasant memory and not an area where melioidosis is endemic."

Dr. Charles Samet, in charge of infectious disease at the Long Island Jewish-Hillside Medical Center in New Hyde Park, said that not enough clinicians were alert to the disease. "Most commercial labs wouldn't know [the melioidosis bacterium] if it jumped up and bit them," he said. Noting that the disease responds to lengthy treatment to the antibiotics tetracycline or chloramphenicol, he added: "And some doctors wouldn't treat it with the right drug. Most new doctors wouldn't be caught dead prescribing tetracycline because it's so old-fashioned."

Samet's counterpart at North Shore University Hospital, Dr. Mark Kaplan, said it would be useful to alert veterans and clinicians. "It's like

the toxic shock syndrome," he said. "You don't know how many cases you have until people know about it and they start coming out with it."

Veterans' advocates say that the official silence about melioidosis for more than a decade raises serious questions about whether the Veterans Administration has acted responsibly.

"I find it outrageous that the Veterans Administration does not have the fundamental decency to alert the general veterans population of the potential for this disease," said Robert Muller of Dix Hills, the national president of the Vietnam Veterans of America. "It's like there is no end to what's coming out of that . . . war. No end to it."

In addition to immediate medical concerns, the possible presence of the disease in thousands of veterans also raises some legal questions. Manufacturers of Agent Orange, the toxic defoliant sprayed on Vietnamese jungles, say that melioidosis may have caused some of the illnesses exhibited by veterans who sued the chemical companies. Several thousand veterans throughout the nation have filed a class action suit, claiming that exposure to the chemical dioxin in Agent Orange caused tumors, liver and lung disorders, birth defects and miscarriages.

Don Freyer, a spokesman for Dow Chemical, the largest manufacturer of Agent Orange, said he believed that at least some of the veterans may find, on testing, that their disorders were caused by melioidosis.

Victor Yannacone Jr. of Patchogue, chief attorney for the veterans in the suit, said that some of the disorders veterans described to him were similar to the clinical manifestation of melioidosis and did not fit the Agent Orange category.

Unlike dioxin, whose presence is untraceable a long time after exposure, the bacterium that causes melioidosis can be found in the body for decades after exposure.

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