



TYPHOID

INTRODUCTION

Typhoid fever also known as enteric fever. It is potentially fatal, and cause multi systemic illness. On proper treatment, it is curable. Untreated typhoid fever leads to several complications.

EPIDEMIOLOGY

It occurs most often in children and young adults between 5 and 19 years old. In 2013, it resulted in about 161,000 deaths. Populations of Asia Africa Caribbean islands

ETIOLOGY

Salmonella typhi Salmonella paratyphi

MODE OF TRANSMISSION

Contaminated food and beverages Sewage contaminated water Using contaminated toilets and neglecting hand hygiene

RISK FACTORS

In low pH (1.5). Reduction in gastric acidity. Antacids Proton pump inhibitors

PATHOPHYSIOLOGY

Presence of salmonella in the gut
Engulfed by phagocytes (phagocytosis)
Pass into mucus and combine with macrophages.
On combining, it attracts T cells and neutrophils
On activation of T cells and neutrophils, they release inflammatory mediators and causes inflammation.

SYMPTOMS

Usually sings and symptoms begins at 7-14 days after ingestion of bacteria. Fever and bradycardia. On 1st week: Abdominal pain Constipation Dry cough Dull frontal headache Delirium Malaise At end of 1st eeek, appearance of red spots on back and chest of the patient. On 2nd week Signs and symptoms progress Splenomegaly Bradycardia On 3rd week Anorexia Weight loss Conjunctivitis Severe Abdominal distention Green-yellow liquid diarrhoea (pea soup diarrhoea) Peritonitis Toxemia

Pericarditis Intestinal hemorrhage

COMPLICATIONS

Neuropsychiatric complications Disorientation Delirium, restlessness Facial twitching Convulsions Stupor Obtundation, coma Myelitis Polyneuropathy Spastic paraplegia Cranial neuritis Depression **Respiratory complications** Pneumonia Ulceration of Pharynx **CVS** complications **Myocarditis** Pericarditis Hepatobiliary complications Jaundice Pancreatitis Hepatomegaly Intestinal complications Intestinal hemorrhage Intestinal perforation Genitourinary complications Glomerulitis Proteinuria Nephritic syndrome

Hematologic complications Intravascular coagulation

TREATMENT

Azithromycin Cephalosporin antibiotics: Cefixime Cefotaxime Ceftriaxone Ceftazidime Cefoperazone Ceftibuten Cefdinir Carbapenems Imipinem Meropenem

Ertapenem