

### Enteric Fever in Young Children

The clinical profile of 40 children in the age group of 0-5 years, admitted with enteric fever during July 1987 to June 1992 is presented. The diagnosis of enteric fever was made on relevant clinical findings, positive Widal reaction ('O' agglutinin titer  $\geq 1:160$ ) and by isolation of *S. typhi* from the blood. All patients were treated with chloramphenicol in a dose of 50 mg/kg/day.

A total of 13 (32.5%) children belonged to the age group of 2-4 years, while 4 (10%) cases were below 2 years, of age. Male to female ratio was 1.5:1. Thirty three (83%) patients presented with fever of 5-14 days duration, while 7 (18%) had fever of more than 14 days prior to admission. The clinical features included cough (60%), anorexia (58%), vomiting (45%), diarrhea (45%), tachycardia (85%), hepatosplenomegaly (60%), Pallor (28%) and expiratory rhonchi (28%). Atypical presentations included sore throat (8%), dysuria (5%), ear discharge (3%), and slurred speech (3%). Mild to moderate toxemic manifestations indicating an overwhelming infection were seen in 11 (28%) patients. Relative bradycardia and leucopenia commonly observed in older children and adults(1) were seen less often.

Relative eosinopenia was found in 21

children. Widal test was positive in all the patients. A recent study(2) has shown that a single Widal test is still a useful diagnostic test. *S. typhi* was isolated from blood culture in 2 patients. The low yield of blood culture may be attributed to antibiotic therapy prior to hospitalisation. Eighteen patients responded to chloramphenicol therapy in 5 to 7 days. Chloramphenicol resistant cases responded to either cotrimoxazole (14/28) or ciprofloxacin (8/28). The only complications were endotoxic shock and bronchitis which were seen infrequently.

Enteric fever in children below 5 years of age represented 27% of all cases at this centre. Mulligan(3) and Kapoor, *et al.*(4) have reported a high frequency of enteric fever in young children (60% and 52% respectively).

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### REFERENCES

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