

Clinical Profile of Typhoid Fever in Children

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Abstract

Background: The present study describes the clinical presentation of typhoid fever.

Methods: 100 Children who presented with fever of 5 days or more with clinical signs and symptoms suggestive of typhoid fever and positive Widal test or Typhoid tests were included in the study

Results: In our study, most common symptoms was fever (100.00%) followed by vomiting (47.00%), pain abdomen (38.00%), loose motion (13.00%) and headache (5.00%).

Conclusion: Typhoid fever remains to be as an endemic disease in this locality. All the signs and symptoms of the disease are nonspecific common with other acute febrile illnesses; a definitive diagnosis of the disease is required for treatment and to prevent transmission.

Keywords: Enteric fever, Splenomegaly, Toxic look

Introduction

Typhoid fever in children though known as periodic fever from antiquity to people and health professionals has been reported of great magnitude. Before the chemotherapy for typhoid was available the morbidity and mortality of typhoid was significantly high. It is interesting to note that the children with good nutrition usually had a better prognosis than those who had poor nutrition.¹

It is estimated that globally there were 21.65 million new cases of typhoid fever in 2000, with an estimated 216,510 deaths. Paratyphoid illnesses were estimated to be 5.14 million in the same year or 20% of all cases of enteric fever. Population based studies from Urban population in India suggest that the incidence of typhoid fever is 2730 per 100,000 populations per year in 0-4 year old children, 1170 per 100,000 per year in 5-19 year age group and 110 per 100,000 per year in 20-40 year age group.²

Material and Methods

The study was a hospital based prospective observational study.

Children of age 2 -18 years who presented with fever of 5 days or more with clinical signs and symptoms suggestive of typhoid fever and positive Widal test or Typhidot tests were included in the study.

The demographic and clinical features of the patients were described. All children were enquired about a careful history including family history of similar illness and socio-economic status, source of drinking water.

Children who have been diagnosed as paratyphoid fever by serology like Widal test were clearly excluded from the study. Total leukocyte count was done in all patients.

Results

Table 1: Age wise distribution

Age in Yrs	No of cases	Percentage
5-8	53	53.00
9-11	20	20.00
12-15	27	27.00
Total	100	100.00

In our study, maximum (53.00%) cases were belong to 5-8 yrs followed by 27.00% cases were from 12-15 yrs and 20.00% cases were from 9-11 yrs.

Table 2: Sex wise distribution

Sex	No of cases	Percentage
Male	69	69.00
Female	31	31.00
Total	100	100.00

In our study, 69.00% cases were male and 31.00% cases were female

Table 3: Clinical profile

Clinical profile	No of cases	Percentage
Fever	100	100.00
Vomiting	47	47.00
Pain abdomen	38	38.00
Loose motion	13	13.00
Constipation	1	1.00
Headache	5	5.00
Rash	3	3.00
Total	100	100.00

In our study, most common symptoms was fever (100.00%) followed by vomiting (47.00%), pain abdomen (38.00%), loose motion (13.00%) and headache (5.00%).

Discussion

All present study subjects presented with fever as the main complaint (100%).

Study by Modi R reported that gastrointestinal complaints were second most common after fever with abdominal pain noticed in 57.14% patients and vomiting in 50% of the patients.⁴

Similar observations were reported by Comeau *et al* and Kapoor JP *et al* and Sinha *et al.*^{3,5,6} However, Joshi *et al* reported that headache was the most common symptom after fever seen in 52.5% cases and abdominal pain and vomiting

were the other common associated symptoms seen in 22.5% and 20% cases respectively.⁷

Conclusion

Typhoid fever remains to be as an endemic disease in this locality. All the signs and symptoms of the disease are nonspecific common with other acute febrile illnesses; a definitive diagnosis of the disease is required for treatment and to prevent transmission.

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