

TYPHOID AND ENTERIC FEVER;COMPLICATIONS I: GASTROINTESTINAL BLEEDING

Topic: TYPHOID AND ENTERIC FEVER | Subtopic: COMPLICATIONS I: GASTROINTESTINAL BLEEDING

AND PERFORATION Gastrointestinal complications reflect ulceration of Peyer's patches and typically occur after more than a week of illness, especially when treatment is delayed or incomplete. Gastrointestinal bleeding should be suspected with melena, hematochezia, pallor, tachycardia out of proportion to fever, or an unexplained fall in hemoglobin. Management priorities are hemodynamic assessment, intravenous access, type and cross-match, and transfusion when clinically indicated, while continuing effective anti-typoidal antibiotics. Avoid nonsteroidal anti-inflammatory drugs in severe illness because of bleeding and renal risk. Most bleeds are self-limited with supportive care, but recurrent or massive bleeding warrants urgent senior review and surgical or endoscopic consultation depending on local capability. Intestinal perforation is a surgical emergency. Suspect it in a child with enteric fever who develops sudden severe abdominal pain, guarding or rigidity, progressive distension, or shock; fever may paradoxically lessen as peritonitis evolves. Do not delay: make the child nil per os, begin aggressive fluid resuscitation, obtain urgent imaging when feasible, and involve pediatric surgery immediately. Antibiotics must be broadened to cover secondary intra-abdominal contamination (including anaerobes) in addition to *Salmonella* coverage, and operative repair with peritoneal washout is usually required. Postoperative care often requires intensive monitoring, ongoing antibiotics, and vigilance for abscess and sepsis.

References:

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4. ICMR Treatment Guidelines for Antimicrobial Use in Common Syndromes in India (2019) —
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