TYPHOID AND ENTERIC FEVER;CLINICAL PRESENTATION AND EXAMINATION

Topic: TYPHOID AND ENTERIC FEVER | Subtopic: CLINICAL PRESENTATION AND EXAMINATION

Fever is the cardinal feature of enteric fever and is usually persistent for days to weeks without treatment. A step-ladder pattern is classically described, but many children present with continuous or fluctuating high fever without a distinct pattern. Early symptoms include malaise, headache, anorexia, myalgias, and sometimes a dry cough. Gastrointestinal manifestations typically emerge or intensify during the first week: abdominal pain, nausea, vomiting, diarrhea or constipation, and abdominal distension. Hepatomegaly and splenomegaly are common on examination, along with a coated tongue and relative dehydration. Relative bradycardia (pulse–temperature dissociation) can be a clue in older children but is inconsistent in pediatrics. Rose spots on the trunk may occur but are uncommon, transient, and easily missed on pigmented skin. Neuropsychiatric involvement ranges from apathy and confusion to frank encephalopathy in severe illness, usually later in the course or with shock. Complications such as gastrointestinal bleeding or intestinal perforation typically occur after more than a week of untreated or partially treated illness and should be anticipated with repeated abdominal examinations. In younger children, the presentation may resemble gastroenteritis or sepsis with fewer “classic” signs, whereas older children and adolescents more often report prominent headache and localized abdominal pain. Because co-infections are possible, clinical assessment should remain broad even when enteric fever seems likely.

References:

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