

## **TYPHOID AND ENTERIC FEVER;COMPLICATIONS II: NEUROLOGIC, HEPATIC,**

TYPHOID AND ENTERIC FEVER;COMPLICATIONS II: NEUROLOGIC, HEPATIC, Topic: TYPHOID AND ENTERIC FEVER | Subtopic: COMPLICATIONS II: NEUROLOGIC, HEPATIC, CARDIAC, AND HYPERINFLAMMATION

Typhoid encephalopathy presents with delirium, confusion, obtundation, or coma in a child with systemic toxicity and requires immediate escalation of care. Stabilize airway and circulation, correct hypoglycemia and electrolyte derangements, treat shock, and ensure effective parenteral antibiotics. Adjunct dexamethasone is recommended for severe disease with shock or encephalopathy using a short, high-dose regimen (3 mg/kg loading dose followed by 1 mg/kg every 6 hours for 48 hours). Exclude alternative neurologic diagnoses when clinically indicated rather than reflexively performing lumbar puncture. Hepatic involvement is common and usually manifests as mild transaminase elevation with hepatomegaly; jaundice should prompt evaluation for viral hepatitis or cholangitis. Management is largely supportive with avoidance of hepatotoxic drugs and continuation of appropriate antibiotics. Myocarditis is uncommon but potentially fatal; suspect it with persistent tachycardia out of proportion to fever, arrhythmia, gallop rhythm, or unexplained shock. Obtain electrocardiography and echocardiography, involve cardiology, and provide hemodynamic support while treating the infection. Secondary HLH is a rare but critical consideration in children with persistent or recrudescence fever despite therapy, cytopenias, organomegaly, hyperferritinemia, or coagulopathy. Initiate urgent evaluation and specialist consultation; treat the infection and begin immunomodulatory therapy (often corticosteroids) when the syndrome is strongly suspected.

References:

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