TYPHOID AND ENTERIC FEVER;DIFFERENTIAL DIAGNOSIS AND CO-INFECTIONS

Topic: TYPHOID AND ENTERIC FEVER | Subtopic: DIFFERENTIAL DIAGNOSIS AND CO-INFECTIONS

In India, enteric fever is a frequent cause of prolonged pediatric fever, but it is also a common label applied to other illnesses, particularly when serology is overused. Differential diagnosis should be driven by tempo of illness, epidemiologic exposure, and targeted testing, and clinicians should avoid diagnostic anchoring on “typhoid” in a child whose course is atypical. Malaria and dengue are high-priority exclusions in many regions; both can present with fever, headache, and hepatosplenomegaly, and both may coexist with enteric fever. Scrub typhus and other rickettsioses can mimic typhoid with fever and gastrointestinal symptoms; look carefully for an eschar and consider region-appropriate tests when cultures are negative or response is atypical. Leptospirosis is suggested by conjunctival suffusion, myalgias, jaundice, or flood-water exposure. Viral hepatitis (A or E) can present with fever early but typically has jaundice and more marked transaminase elevation when fever is waning. Persistent fever beyond two weeks with weight loss, lymphadenopathy, or chronic symptoms should trigger evaluation for tuberculosis, occult abscess, endocarditis, malignancy, or inflammatory conditions such as systemic juvenile idiopathic arthritis or Kawasaki disease. Failure to improve as expected on appropriate anti-typhoidal therapy should prompt an explicit diagnostic “time-out” to reconsider these alternatives and to search for complications or co-infections.

References:

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