PE 014

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TYPHOID MASQUERADE

UNVEILING A SURGICAL EMERGENCY

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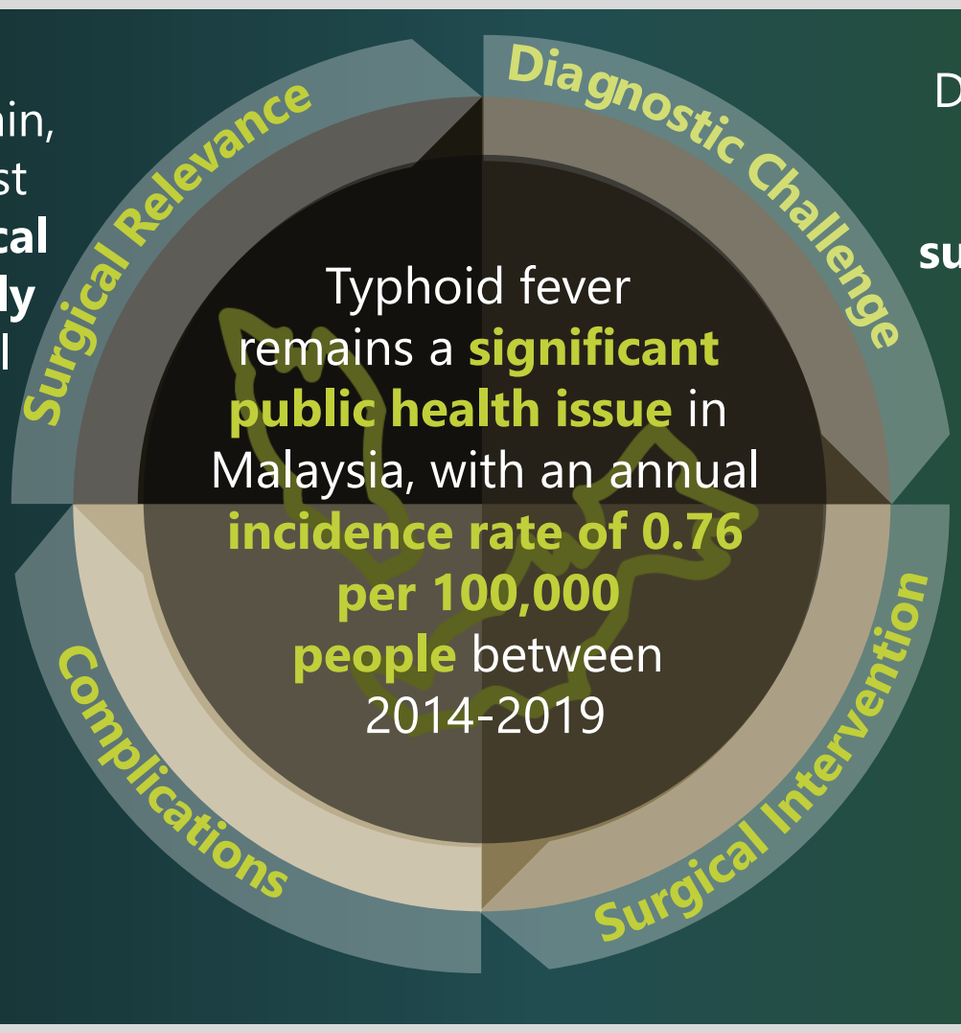
INTRODUCTION

Symptoms like acute abdominal pain, guarding, and rigidity often suggest peritonitis, requiring **urgent surgical intervention**. These cases are **easily mistaken** for appendicitis or bowel perforation

Untreated typhoid fever can lead to **intestinal perforation and peritonitis**, presenting as surgical emergencies **needing prompt surgery** to prevent severe outcomes



Differentiating typhoid fever from surgical emergencies is **challenging**. High **clinical suspicion and tests** (stool culture, serum typhoid) are essential to avoid misdiagnosis and unnecessary surgeries

Early diagnosis and antibiotics can prevent severe complications. When they occur, **timely surgical intervention is critical** for patient outcomes. Accurate **diagnosis & management are crucial** in endemic areas

CASE REPORTS

These case reports show **how typhoid fever can mimic conditions needing surgery**. Accurate diagnosis and management are crucial to **avoid unnecessary surgeries** and complications that may require surgical intervention

CASE 1
APPENDICITIS

Patient: 16-year-old Malay girl with **abdominal pain, diarrhea,** and **fever**

Initial Diagnosis: **Acute appendicitis**; final diagnosis was **typhoid enteritis** *(Salmonella typhi)*

Outcome: Treated with antibiotics;

HIGHLIGHTS THE NEED TO CONSIDER INFECTIOUS CAUSES BEFORE OPTING FOR SURGERY

CASE 2
POST APPENDECTOMY TYPHOID ENTERITIS

Patient: 42-year-old Malay man with a **history of appendectomy**

Symptoms: Abdominal pain, vomiting, **loose stool, distention**, fever for 2 days.

Diagnosis and Management: **Positive serum typhoid**; treated with IV Unasyn for 3 days. Symptoms resolved, and patient was discharged with oral antibiotics

HIGHLIGHTS THE CHALLENGE IN DISTINGUISHING BETWEEN SURGICAL & INFECTIOUS CAUSES OF ABDOMINAL SYMPTOMS.

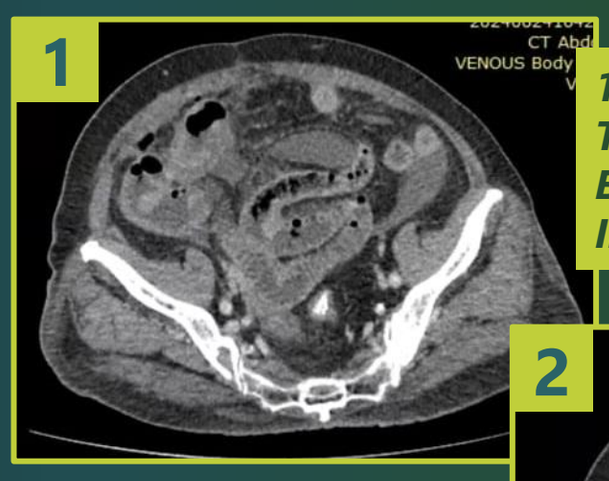
CASE 3
SMALL BOWEL PERFORATION

Patient: 74-year-old Malay woman with **severe abdominal pain, diarrhea, and lethargy** for 3 days

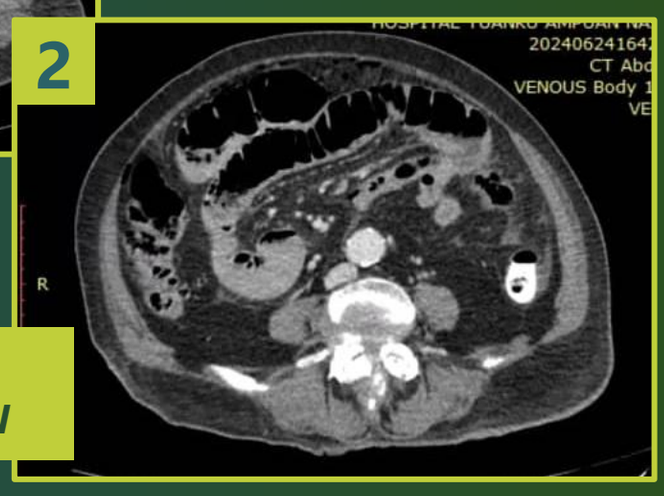
Diagnosis and Management: Imaging 1 2 revealed **pneumoperitoneum** and **small bowel thickening**; **emergency laparotomy** showed **small bowel perforation** and localized pus. Blood serum positive for **Typhoid IGM**

Outcome: **Successful recovery** post-surgery

HIGHLIGHTS THE CRITICAL ROLE OF TIMELY SURGICAL INTERVENTION WHERE TYPHOID COMPLICATIONS OCCURED



1. GENERALIZED THICKENING ALL SMALL BOWEL WITH INTERLOOP COLLECTION



2. SMALL BOWEL WALL DILATATION

DISCUSSION

Global Impact

Typhoid fever affects 22 million people and causes **200,000 deaths** annually; **atypical presentations** can lead to **unnecessary surgeries**

Diagnostic Limitations

Fever and abdominal pain can **mimic surgical issues**. Blood cultures may be negative due to antibiotics. Widal and Typhidot IgM tests have limits, **requiring high clinical suspicion**

Radiological Findings

Findings like small bowel dilatation and perforation **can mimic surgical emergencies**, risking **misdiagnosis** and **unnecessary surgery**

Surgical Management

Untreated typhoid can **cause perforation**. Early antibiotics are crucial. Clinicians should **consider typhoid in atypical cases** to avoid **unnecessary surgeries**