

Typhoid Intestinal Perforation, Multiple Perforations In One Patient – A Rare Case

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Multiple intestinal perforation a Rare Case of intestinal perforation is one of the dreaded complication of the typhoid fever in the developing world it is usually leads to diffuse Peritonitis, Requires early surgical intervention

The incidence continues to rise, also the mortality despite the new antibiotics and improvement in the surgical techniques so despite the various measures such as the safe drinking water, save disposable of the waste intestinal perforation from the salmonellosis still remains the most common emergency surgical emergency.

We see more increase in the numbers of Ileal perforation & Colonic involvement

Intestinal Perforation is a common cause of the peritonitis necessitating the emergency surgical intervention Prevalence of typhoid fever is gradually decreasing worldwide, the perforation of the Bowel from the typhoid perforation is one of the serious abdominal complication.

Fever still remains endemic in the Indian subcontinent, although the intestinal hemorrhage is more common complication of the typhoid fever

In general Hemorrhage and perforation occur in the terminal ileum secondary to the necrosis of the Peyer's patches at usually after 2 to 3 weeks after the onset of the disease

Intestinal perforation continues to be the most frequent cause of the mortality and high morbidity

Mortality rates of the typhoid intestinal perforation vary from 5 to 63%

Terminal perforation of the ileum is a cause of the acute diffuse peritonitis, causing peritonitis & exacerbation of increasing abdominal pain also with tenderness rigidity guarding and the most prominent on the right iliac fossa however many patients in the severe toxic state there may be obscure clinical features resulting in delays in the diagnosis and in treatment also and in the adequate surgical intervention

Case of a 22 year old male who had a fever since last 2 to 3 weeks and he was also given treatment with antibiotics and history of taking antibiotics and corticosteroids elsewhere, also suddenly after 2 weeks the patient developed the symptoms of the vomiting and constipation in between and the patient developed the tenderness in the abdomen and complain of the symptoms of the tenderness of the abdomen and distension of the abdomen

Patient had vomiting and also the patient was not able to pass stools from last two three days so came at our center, standing x-ray abdomen was done and multiple perforations in the small intestine was found the patient was kept NBM and then patient was taken to OT and the patient was operated and the multiple perforations were found in the intestine as we can see in the photo and Widal test was positive and the patient has low immunity.

both free fluid and free air with fine floating echoes in peritoneal cavity. However, blood culture was negative for *Salmonella typhi* in the patient. No bile culture was performed pre-operatively. Hence, the diagnosis of acute peritonitis due to intestinal perforation was made pre-operatively.

The patient was resuscitated with intravenous fluid and commenced on antibiotics ceftriaxone and metronidazole pre-operatively. Nasogastric tube insertion for decompression and urethral catheterization was carried out for monitoring urine output. Exploratory laparotomy was performed through midline incision and fecal peritonitis with exudative flakes all over the intestine was found. Thorough peritoneal lavage was carried out with normal saline. There were 22 perforations (20 in terminal ileum) and so resection & anastomosis was done & ileo-transverse colostomy was done. Patient recovered well & after 12 weeks colostomy closure was done. Despite global scientific development, typhoid fever and its complications continue to be a great health problem especially in developing countries. In our study there is the evidence of decreased immunity of the patient, undue & excessive use of antibiotics and corticosteroids caused decreased immunity of the patient.

The treatment and management of typhoid enteric perforation needs appropriate early surgical intervention, effective resuscitation in pre-operative and post-operative care and proper and effective use of antibiotics.

Undue and inappropriate use of antibiotics and corticosteroids can cause drug resistance and lower the immunity of the patient.

So we conclude we can decrease the incidence of the disease not only by better operation or improved perioperative care but in the prevention of the typhoid fever, improved sanitation methods and provide safe drinking water for all the people world wide.

References

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