TYPHOID FEVER

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Typhoid fever is an acute anthroponosic infectious disease with fecal-oral mechanism of transmission.

It is characterized by cyclic course, prolonged fever, intoxication, typical rash, lesion of the lymphatic apparatus of the small intestine with development clinical symptoms and syndromes.

ETIOLOGY

- The causative agent is Salmonella typhi
- Family Enterobacteria
- Genus Salmonella
- Serological group D
- Antigenic Structure.
 - flagella (<u>H</u>) antigen lipopolysaccharide components
 - somatic (<u>O</u>) antigenprotein components
 - Vi antigen capsular or virulence antigen



EPIDEMIOLOGY

The source of infection is a sick man or bacteriocarrier.

The mechanism of the transmission is fecal-oral.



The routes of the transmission:

- water
- alimentary
 - contact







Flies play the supplementary rote

Susceptibility to agent is high

Seasonal spread – summer-autumn



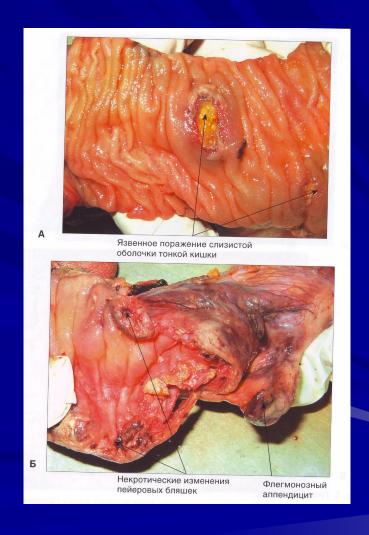
PATHOGENESIS

The following phases are distinguished in the pathogenesis of typhoid fever:

- Penetration of the causative agent into the organism.
- Development of lymphadenitis and lymphangitis.
- Bacteremia
- Intoxication.
- Parenchymatous diffusion.
- Discharge of the agent from the organism (excretory phase).
- Allergic reaction mainly of the lymphoid tissue of the small intestine
- Formation of immunity.

ANATOMIC PATHOLOGY

- Sequential changes in the typhoid fever tissue in the ileocecal area of the intestinal tract occur in typhoid fever, they have been classified into four phases:
- hyperplasia (solitary follicules, Peyer's patches);
- necrosis and exfoliation;
- ulceration;
- healing.



CLINICAL MANIFESTATIONS

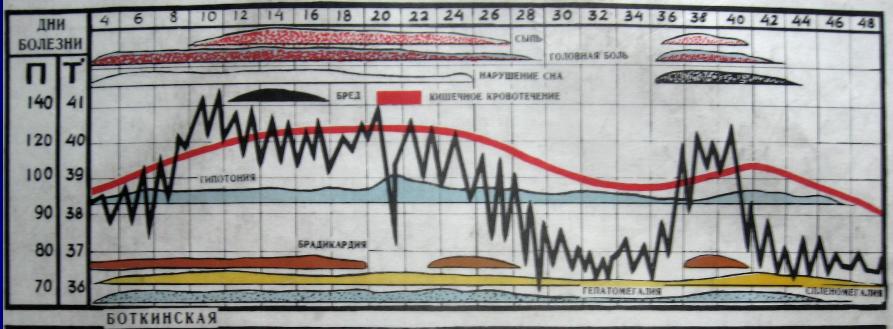
Typhoid fever is characterized by cyclic course:

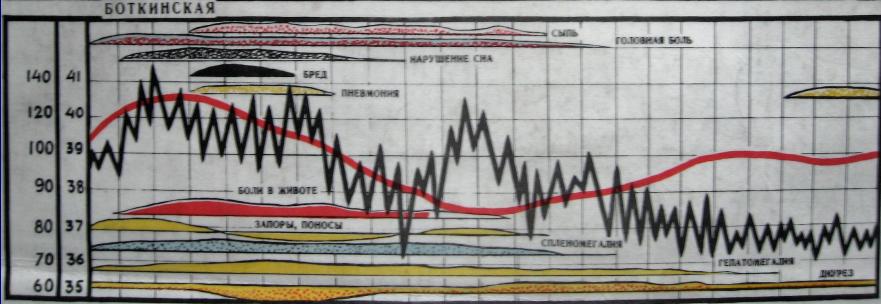
- incubation period (10-14 days)
- initial period
- period of climax
- reconvalescence and outcomes

Initial period

- fever
- headache
- malaise
- anorexia
- mialgia

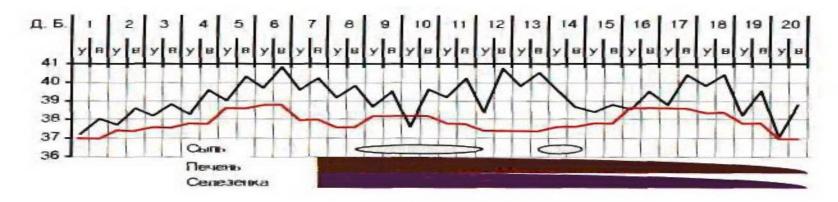
ТИПЫ ТЕМПЕРАТУРНЫХ КРИВЫХ



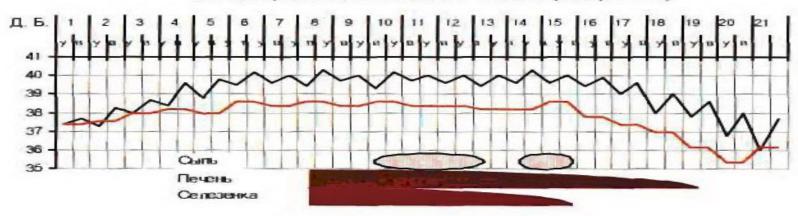


ТРАПЕЦИЕВИДНАЯ

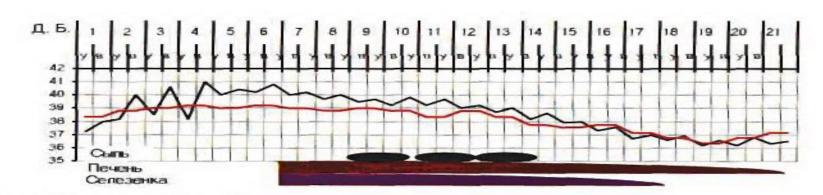
А Боткинский тип температурной кривой



Б. Лихорадка постоянного типа (Вундерлика)



В. Температурная кривая типа Кильдюшевского









CLINICAL MANIFESTATIONS Period of climax

- pale skin
- rash
- rose sports;
- type of rash roseolas that blanch on pressure;
- localization upper abdomen,
- data of appearance 8-10th day of the disease)
- **fever** (temperature curve of Wunderlich, of Botkin)
- cardiovascular symptoms
- relative bradycardia;
- muffed heart sounds;
- systolic murmur at the heart apex;
- respiratory symptoms
- cough;
- sore throat;
- syndrome of hepatosplenomegaly
- damage of gastrointestinal tract
- diarrhea;
- constipation;
- on percussion short sound is marked in ileocaecal area due to enlarged mesenteric lymphatic nodes (symptom of Padalka)





COMPLICATIONS

1. Secondary to toxemia

- myocarditis
- hyperpyrexia
- hepatic
- bone marrow damage)

2. Secondary to local gastrointestinal lesions

- haemorrhage
- perforation

3. Secondary to prolonged severe illness

- · suppurative parotitis decubiti
- pneumonia

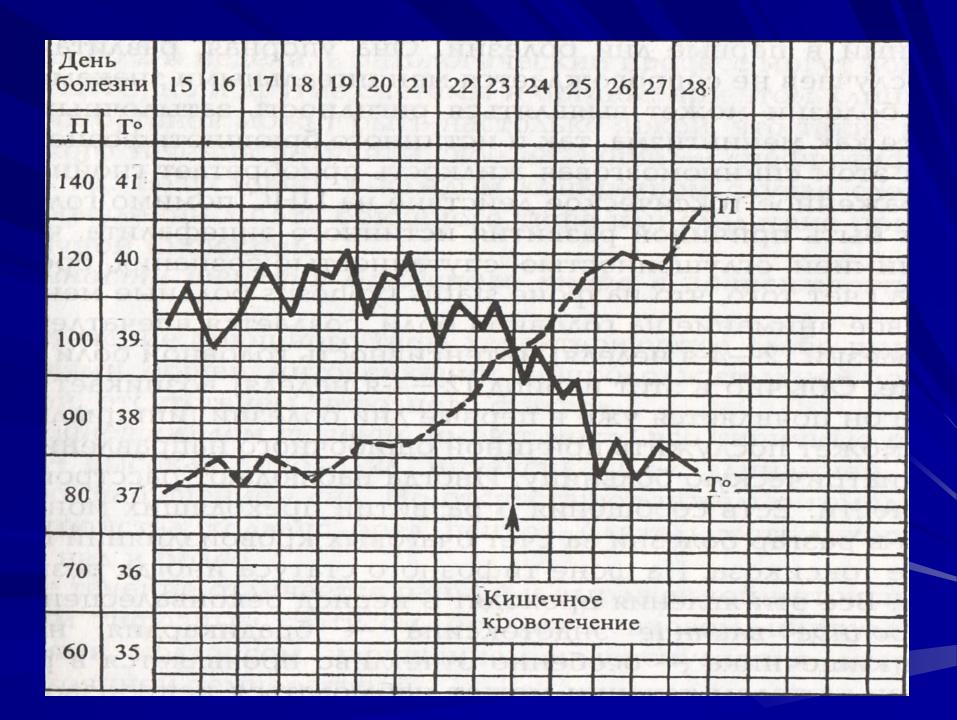
4. Secondary to growth

5. Persistence of typhoid fever bacilli

- relapse
- · localized infection meningitis, endocarditis, osteomyelitis or arthritis

6. Secondary to therapy

- bone marrow suppression
- hypersensitive reactions
- toxic shock).



DIAGNOSTICS

- I. Blood count
- leucopenia from the 3rd 4th day
- lymphocytosis
- aneosinophilia
- thrombocytopenia
- II. Specific diagnostics
- Bacteriological methods
- Serological methods (Vidal's test, RIHA)
- III. Differential diagnostics

DIFFERENTIAL DIAGNOSIS

- influenza and other acute viral diseases of the respiratory tract
- 2. brucellosis
- 3. rickettsioses
- 4. infectious mononucleosis
- 5. ornithoses
- 6. pneumonia
- 7. tuberculosis
- 8. blood diseases (lymphogranulematosis, leucosis)
- 9. sepsis
- 10. generalized form of other salmonelloses

TREATMENT

- I. **Bed regimen** (till 6-10 day of the normal temperature)
- II. Diet (table #2)
- III. Etiothropic therapy
- **Chloramfenicole** in dose of 0.5gm 4 times a day (till 7-10 day of the normal temperature)
- Alternative remedies are bactrim, azitromicin, ciprofloxacin,cefalisporines
- III. Pathogenetic therapy
- Desintoxication
- Desensibilization