Typhoid Perforation of Terminal Ileum

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Introduction:-

Typhoid perforation of ileum (TPI) is a major health problem and a serious complication of typhoid fever.[1]

Remarkably so in the developing countries where it usually leads to diffuse peritonitis.[2-4] It was considered to be an almost fatal condition in the past and the morbidity and mortality still remains very high despite remarkable improvement in the surgical management .The current surgical options include: primary double-layered closure,[5] segmental resection and end-to-end anastomosis[6] and ileostomy.[7,8]

Case:-

A 29 years old male emigrant from Niger, had recently arrived 4 days prior admission.

C/o abdominal pain all over ,headache and fever, 14 days ago he had suffered from bloody diarrhea, fever and headache for 3days only .On arrival to surgery department the following clinical data were recorded:- Pulse=80, Temp = 40ºC, Pallor=moderate, no lymphadenopathy abdomen generalized rigidity ,tender all over, positive rebound tenderness, bowel sounds sluggish. The following investigations done:- TLC = 2500/mm³, Hb = 8gm%, Urea = 40mg, S.Na = 133 mmol/Lit, S.K = 3.7 mmol/Lit, Blood group = O+ve. Standing X-ray examination of abdomen showed no free gas but two air-fluid levels. Ultrasound examination showed moderate amount of free fluid.

Widal test could not be obtained on the 1st 24 hours, result arrived 48 hours postoperatively it was positive 1:320.

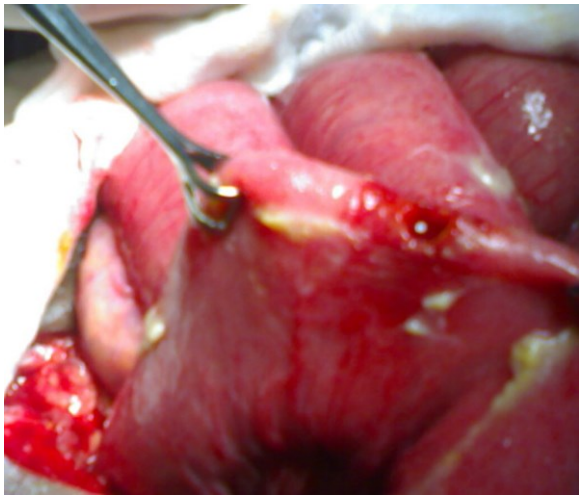
A decision for laparotomy taken with preoperative antibiotics, intravenous fluid, catheterization of the bladder and one unit of blood X-matched.

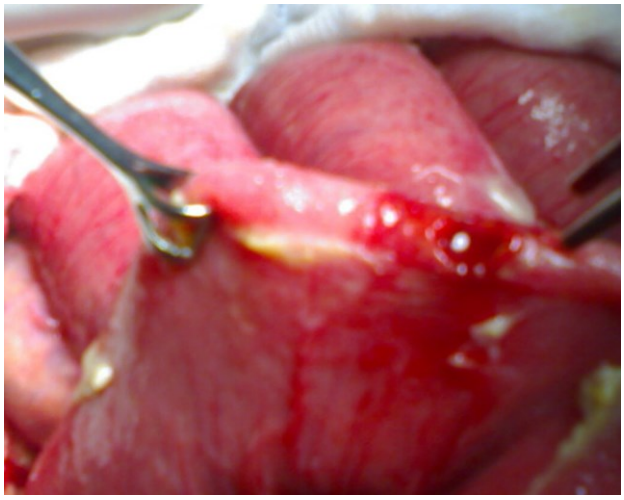
A right lower paramedian incision was made, a yellow coloured pus with fibrin coating areas of small bowel .0.5cm perforation discovered at antimesenteric border of terminal ileum, 10cm from ileo-caecal valve .Perforation closed in two layers after excision of edges ,rest of small bowel explored for other perforation but no perforation found .Peritoneum washed with warm saline and a drain inserted at pelvis ,abdominal wall closed in layers .Patient put on Flagyl, Ciprofloxacin and Gentamycin.

Patient discharged on 5th postoperative day in a good general condition and afebrile.

Discussion:-

Although Typhoid peritonitis is considered a life threatening condition in developing countries of Africa and South east Asia (2-4,9) it is not really so in this part of Africa (south of Libya).For the last 14 years ,this is the third case recorded in surgery department of 2nd March teaching hospital .





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References:-

1. Adesunkanmi.ARK, Ajao. OG. The prognostic factors in Typhoid ileoperforation. A Prospective study of 50 patients' .J. Royal coll. Surg Edinb. 1997; 42:395-9.
2. Wagar. A and M. Aslam. Clinical spectrum of typhoid fever in children in a descriptive study at Sheikh Zaid Hospital, Lahore, Pakistan. Paed. J. 2002; 26:71-75.
3. Kouamie J.I. Kou. Adio and H.T. Turquin. Typhoid ileal perforation: surgical experience of 64 cases. Acta chir Belg. 2004; 104:445-447.
4. Bhanzali.S.K.Gastrointestinal perforation a clinical study of 96 cases. J. Post grad. Med. Inst. 1967; 13:1.
5. Athie.G.G.and C.B.Guizar. Twenty five years of experience in the surgical treatment of perforation of ileum caused by Salmonella Typhi at the general hospital of Mexico city. Surgical, 1998; 23:632-636.
6. Kan. P.BK. Operative management of typhoid perforation in children. Int. Surg. 1975; 60:407.
7. Singh.K.P. and K. Singh. Choice of surgical procedure in typhoid perforation experience in 42 cases. J. Indian Med. 1991; 89:255-256.
8. Khalid S. and A. Irfan. Outcome of ileostomy in cases of typhoid perforation presenting after 48 hours. J. Rawal Med. Coll. 2000; 4:17-19.
9. F.A. Abantanga and B.B. Wiafe –Addai. Postoperative complication after surgery for typhoid perforation in children in Ghana pediatric surg. Int. 1998; 14:55-58.

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