Typhoid Fever and Viral Hepatitis

Sir,

The clinical brief by Mishra D, Chaturvedi D, on "Typhoid fever and viral hepatitis" (*Indian J Pediatr* 2008; 75(5):509-510.) provides an excellent overview of the clinical scenario and presentation when *S.typhi* and hepatitis A infect a patient concurrently.¹

In the case presented it is not clear as to why the child received antibiotics for 26 days even though the general condition and appetite of the child showed improvement. In spite of the fact that repeat blood culture on day 6 was sterile, the antibiotics were kept on changing.

In the management of patients with enteric fever it has been seen that improvement in the general condition and appetite of the patient are the initial signs of recovery and the last thing to respond is the fever. The duration of fever in uncomplicated cases of enteric fever is approximately 4-5 days. But in cases where there is co-infection or complication the duration may get prolonged. The same applies true for even viral hepatitis.

Fever should not always necessarily be treated. Moreover, not all fevers are of infectious origin. Most people take medication *i.e.* antipyretics against fever because the symptoms cause discomfort.

In the case presented the child was definitely showing signs of improvement and his repeat blood

culture was also negative. I would like to know whether it would have been right if we had just monitored the child and gave symptomatic treatment rather than giving prolonged duration of multiple antibiotics.

Antimicrobial agents are "wonder drugs" and their use has led to a dramatic drop in deaths from diseases that were previously widespread, untreatable, and frequently fatal. These gains are now seriously jeopardized by another recent development: the emergence and spread of microbes that are resistant to cheap and effective first-choice, or "first-line" drugs. The rational use of antibiotics would help to limit as much as possible the appearance and spread of resistant strains, which in the long run threaten our chances of effectively controlling the infectious diseases.

Syed Ahmed Zaki, M.D.

Department of Pediatrics,
Lokmanya Tilak Municipal Medical College
& General Hospital, Sion,
Mumbai-400022, India
E-mail: drsakisyed@gmail.com
[DOI-10.1007/s12098-009-0107-0]

REFERENCE

1. Mishra D, Chaturvedi D, Mantani M. Typhoid fever and viral hepatitis. *Indian J Pediatr* 2008; 75:509-510.

Author's Reply

Sir,

We thank Dr Zaki for his interest in our article. The purpose of publishing the case-report was to make the readers aware of the changed natural history and response to treatment, when hepatitis A and typhoid infections occur concomitantly. The author proposes giving antibiotics in typhoid fever till culture negativity, rather than till fever responds. However, their suggestion is not supported by any published evidence/guidelines. Most recommendations are for at least 14 days of antibiotic therapy or 5-7 days after defervescence¹. Moreover, as also pointed out in our discussion, there is a higher risk of complications² and mortality rates up to 20% have been reported³, when hepatic dysfunction occurs with typhoid. The point raised about 'rational use of antibiotics' is justified; but in rare situations, where sufficient clinical/research evidence about management is not available (as in this

case), clinical criteria need to be followed to determine mode and duration of therapy.

Devendra Mishra

Assistant Professor
Department of Pediatrics
Maulana Azad Medical College
New Delhi-110002.
drdm@rediffmail.com.

REFERENCES

1. Behrman RE, Kliegman RM, Jenson HB. *Nelson Textbook of Pediatrics*, 17th ed. Elsevier, New Delhi: 2004; 918.
2. Khan M, Coovadia YM, Karas JA *et al.* Clinical significance of hepatic dysfunction with jaundice in typhoid fever. *Dig Dis Sci* 1999; 44:590-594.
3. Kundu AK. Typhoid hepatitis. *J Assoc Phys India* 2002; 50: 719-720.