

Frequency of Thrombocytopenia in Children with Enteric Fever at PAF Hospital Sargodha

NAYYAR AHMAD¹, MAZHAR NAZIR CHATTHA², ZAMEER AHMAD NAYYAR³

¹HOD Paediatric Department, PAF Hospital Mushaf Base Sargodha

²Associate Professor of Paediatric, Islam Medical College Sialkot

³Classified Paediatrician PAF Hospital Islamabad

Correspondence to Dr. Nayyar Ahmad, Email: drnayyar_68@hotmail.com

ABSTRACT

Aim: To determine the frequency of thrombocytopenia in children presenting with enteric fever.

Methods: A total of 200 children of age 1-12 years with diagnosis of enteric fever in PAF hospital Sargodha were included. A study duration was 2 years from Oct-2018 to April-2020. The children having blood culture positives for growth of Salmonella-gram negative rod in Bactec system, presenting with fever ≥ 5 days were included. Children having platelet counts (as measured on auto-analyzer) $<150000/\mu\text{L}$ were labelled as having thrombocytopenia.

Results: Mean age of the patients included in this study was 6.79 ± 3.02 years. There were 116 (58%) male patients and 84 (42%) female patients. There were 134 (67%) children who were resident of rural area and 66(33%) resident of urban area. Mean platelet count was $150200\pm 52435 \mu\text{L}$. Thrombocytopenia was diagnosed in 127 (63.50%) children of enteric fever.

Conclusion: Thrombocytopenia is a common finding in children presenting with thrombocytopenia. In present study, thrombocytopenia was found in 63.5% patients.

Keywords: Enteric fever, Thrombocytopenia.

INTRODUCTION

Enteric fever is associated with considerable severe systemic sickness and severe abdominal pain.¹ It is typically caused by *Salmonella enterica* serotype *Typhi* (formerly *S. typhi*), the disease is usually transmitted through feco-oral route^{2,3}. It is estimated that nearly 21 million cases are reported every year and out of which 21,6500 deaths are annually due to enteric fever^{4,5}. Morbidity is high in Asia and Africa.^{6,7} Mortality is high in children because of lower immunity and higher risk of exposure to fecal contents. Mortality rate can reach up-to 10% if appropriate antibiotics are not given, with appropriate treatment reported mortality rate is $\leq 1\%$.^{8,9}

Thrombocytopenia is reported in up-to 10% to 15% cases of enteric fever.¹⁰ Some studies have reported that it can serve as a marker of severity in these patients and can help to identify the patients at risk of developing the complications enteric fever. Presence of thrombocytopenia in these patients is thought to be result of bone marrow suppression, peripheral destruction of reticuloendothelial system, immune-induced destruction, and destruction due to toxins of *S. typhi*¹¹.

The present study is designed to determine the frequency of thrombocytopenia in children of enteric fever. This study helped us to confirm current magnitude of the problem in our local population because thrombocytopenia is an indicator of severity and increased risk of complications of enteric fever. Moreover, it can be easily detected by relatively simple and cheap test.

METHODS

A total of 200 children of age 1-12 years with diagnosis of enteric fever in PAF hospital Sargodha were included. A study duration was 2 years from Oct-2018 to April-2020. The children having blood culture positives for growth of

Salmonella-gram negative rod in Bactec system, presenting with fever ≥ 5 days plus any one of the followings such as abdominal pain, coated tongue, constipation for 3 days, diarrhea, anorexia and headache were included. Children with congenital or acquired immunodeficiency were excluded. A written consent was taken from parents of each children.

Venous blood samples were drawn in EDTA bottle and blood culture vial and these were immediately transported to Central laboratory for determination of platelet count. Children having platelet counts (as measured on auto-analyzer) $<150000/\mu\text{L}$ were labelled as having thrombocytopenia.

RESULTS

Mean age of the patients included in this study was 6.79 ± 3.02 years. There were 116 (58.0%) male patients and 84(42%) female patients. There were 134 (67%) children who were resident of rural area and 66 (33%) resident of urban area. There were 15 (7.5%) patients who were using unimproved water, 69 (34.5%) improved water such as from water treatment plants or were having filter at home, and remaining 116(58%) patients were using water directly coming from pipelines. Mean platelet count was $150200\pm 52435\mu\text{L}$ (Table 1). Thrombocytopenia was diagnosed in 127 (63.50%) children of enteric fever (Fig. 1).

Table 1: Data of Baseline Study Variables.

Mean Age	6.79 \pm 3.02
Male	116 (58.0%)
Female	84 (42.0%)
Rural	134 (67.0%)
Urban	66 (33.0%)
Drinking Water Source	
Unimproved drinking water	15 (7.5%)
Improved drinking water	69 (34.5%)
Piped water on premises	116 (58.0%)
Mean Platelet Count (μL)	150200 \pm 52435

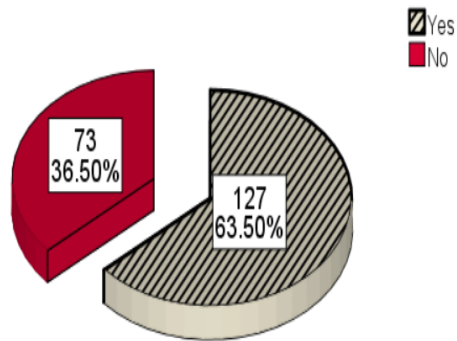


Fig. 1: Frequency of Thrombocytopenia.

DISCUSSION

Enteric fever is a public health problem and usually occurs among travelers. Factors that contribute to the severity of illness include; duration of illness, patient's immune status and previous vaccination of enteric fever. 88 the complications of enteric fever include; intestinal perforation, intra-cranial hemorrhage and multi-organ failure^{12,13}. Thrombocytopenia is a commonly done investigation in patients presenting with fever¹⁴.

In present study, we determined the frequency of thrombocytopenia in children presenting with typhoid fever. In our study, thrombocytopenia was found in 61.46% children of typhoid fever.

A study by Malik et al. from Malaysia reported thrombocytopenia in 26% children with diagnosis of enteric fever.¹⁵ While a study by Pohan et al. from Indonesia reported thrombocytopenia in 61.5% of the children¹⁶. And a study by Iftikhar et al. conducted in Pakistan reported thrombocytopenia in 65% patients of enteric fever.¹⁷ The reason for higher frequency in Pakistani population may be due to late presentation of patients to the specialized hospitals.

Still guidelines are lacking in providing the appropriate treatment of thrombocytopenia in patients of enteric fever. Therefore, it is a major challenge for the physicians specially in patients having severe thrombocytopenia. However, studies have reported that platelet count becomes normal within few days after starting the treatment^{18,19}. Yildirim et al. reported a case reported in which the platelet count deteriorated even after starting the antibiotic therapy and multi-organ failure occurred and ultimately platelet transfusion was done to save the life of patients¹².

In short, thrombocytopenia is an important marker in children presenting with typhoid fever especially in those having severe symptoms. So platelet count should be monitored in patients of enteric fever. Because severe thrombocytopenia can lead to multi-organ failure and can considerably lead to increased morbidity and mortality.

CONCLUSION

Thrombocytopenia is a common finding in children presenting with thrombocytopenia. In present study, thrombocytopenia was found in 63.5% patients.

REFERENCES

- Hussain W, Ahmad A, Lamichhane A, Tariq A, Khan MA. Use of azithromycin in uncomplicated enteric fever as first line antibiotic. *Pak Paed J.* 2012;36(2):81-6.
- Matono T, Kutsuna S, Kato Y, Katanami Y, Yamamoto K, Takeshita N, et al. Role of classic signs as diagnostic predictors for enteric fever among returned travellers: Relative bradycardia and eosinopenia. *PLoS One.* 2017;12(6):e0179814.
- Kuijpers LMF, Phe T, Veng CH, Lim K, Ieng S, Kham C, et al. The clinical and microbiological characteristics of enteric fever in Cambodia, 2008-2015. *PLoS Negl Trop Dis.* 2017;11(9):e0005964.
- Radhakrishnan A, Als D, Mintz ED, Crump JA, Stanaway J, Breiman RF, et al. Introductory article on global burden and epidemiology of Typhoid fever. *Am J Trop Med Hyg.* 2018.Sep;99 (suppl_3):4-9.
- Abdullah FE, Haider F, Fatima K, Irfan S, Iqbal MS. Enteric fever in Karachi: current antibiotic susceptibility of salmonella isolates. *J Coll Physicians Surg Pak.* 2012;22(3):147-50.
- Breiman RF, Cosmas L, Njuguna H, Audi A, Olack B, Ochieng JB, et al. Population-based incidence of typhoid fever in an urban informal settlement and a rural area in Kenya: implications for typhoid vaccine use in Africa. *PLoS One.* 2012;7(1):e29119.
- Khan MI, Ochiai RL, Soofi SB, Von-Seidlein L, Khan MJ, Sahito SM, et al. Risk factors associated with typhoid fever in children aged 2-16 years in Karachi, Pakistan. *Epidemiol Infect.* 2012;140(4):665-72.
- Barkume C, Date K, Saha SK, Qamar FN, Sur D, Andrews JR, et al. Phase I of the Surveillance for Enteric Fever in Asia Project (SEAP): an overview and lessons learned. *J Infect Dis.* 2018; 218 (suppl-4): S188-94.
- Qamar FN, Yousafzai MT, Sultana S, Baig A, Shakoor S, Hirani F et al. A retrospective study of laboratory-based enteric fever surveillance, Pakistan, 2012-2014. *J Infect Dis.* 2018;218(4): S201-5
- Dhillon SPS, Lata N, Singh S, Gotwal V, Joshi T, Singh N. To study hematological profile of enteric fever patients. *Int J Curr Res Med Sci.* 2017;3(7):24-9.
- Bhutta ZA, Gaffey MF, Crump JA, Steele D, Breiman RF, Mintz ED et al. Typhoid fever: way forward. *Am J Trop Med Hyg.* 2018;99(3):89-96.
- Yildirim I, Ceyhan M, Bayrakci B, Uysal M, Kuskonmaz B, Ozaltin F. A case report of thrombocytopenia-associated multiple organ failure secondary to *Salmonella enterica* serotype Typhi infection in a pediatric patient: successful treatment with plasma exchange. *Ther Apher Dial.* 2010;14(2):226-9.
- Pohan HT. Clinical and laboratory manifestations of typhoid fever at Persahabatan Hospital, Jakarta. *Acta Med Indones.* 2004;36(2):78-83.
- Zaka-ur-Rab Z, Beig FK. Intracranial haemorrhage in typhoid fever. *J Coll Physicians Surg Pak.* 2008;18(8):522-3.
- Malik AS. Complications of bacteriologically confirmed typhoid fever in children. *J Trop Pediatr.* 2002;48(1):102-8.
- Pohan HT. Clinical and laboratory manifestations of typhoid fever at Persahabatan Hospital, Jakarta. *Acta Med Indones.* 2004;36(2):78-83.
- Iftikhar A, Hamid MH, Masood Q. Spectrum of risk factors associated with complications among children admitted with enteric fever. *Pak Pediatr J.* 2019;43(2):80-6.
- Sereffhanoglu K, Kaya E, Sevinc A, Aydogdu I, Kuku I, Ersoy Y. Isolated thrombocytopenia: the presenting finding of typhoid fever. *Clin Lab Haematol.* 2003;25(1):63-5.
- Gehlawat VK, Rizwan SA, Silan V. Cerebellar ataxia as an early neurological symptom in a patient with Enteric fever; a case report from north India. *Int J Sci Res Pub.* 2013;3(1):1-2.