Isolated Thrombocytopenia A Rare Presenting Feature of Enteric Fever

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INTRODUCTION
Enteric fever is a major problem health problem in developing countries. Signs and symptoms associated with enteric fever include fever, chills, rose spot, abdominal pain, cough and sore throat¹(Shree et al 1998). Haematological manifestations associated with enteric fever are leucopenia and anemia²(Miller & Pegeus 2000). We reported this case of enteric fever presenting with unusual haematological presentation of thrombocytopenia with bleeding gums. CASE REPORT
50 yr old female presented with bleeding gums & fever of 4 days duration. fever was accompanied by chills and persisted throughout the day. At the time of admission her Clinical examination revealed her to be febrile with bleeding from gums, normal vitals and isolated hepatomegaly, which was confirmed with ultrasound abdomen. Investigations showed Hb 10.5 gm%, Hct 29.0, WBC 6600/ul, DLC N=65%, L=29%, M=05%, E=01%, B=00, Platelet count 10,000/cmm. PBF showed thrombocytopenia without any immature cells & no haemoparasite. Dengue serology, HIV, HBV, HCV, were non-reactive. Typhi Dot IgM was positive. Blood culture grew S. Typhi which was sensitive to Ceftriaxone and Ciprofloxacin. Bone marrow examination was normal. Biochemical examination of Bilirubin, SGOT, SGPT & ALP within normal range. Prothrombin Time & Partial Thromboplastin Time was normal. Patient treated with I/V Ceftriaxone 2gm bid. Patient became afebrile within 3 days. Platelet count increased to 82,000/cmm & 1,12,000/cmm at day 3 and 7 after admission. Bleeding gum stopped. On follow up at 4 weeks patients platelet count was within normal range(2,25000).

DISCUSSION
Enteric fever is endemic in many developing countries particularly Indian subcontinent. Bicytopenia may occur as complication during the course of enteric fever³-⁴. Salmonella typhi enter lymphatics after ingestion and then survive & replicate within macrophages, later on disseminating into reticuloendothelial organs. Thrombocytopenia in enteric fever may be associated with haemophagocytic histiocytes in bone marrow⁴. Study conducted by James et al, in 1997 a series of 36 adult patients with enteric fever, 28(77.8%) had either isolated anaemia or mixed cytopenia and 3 (8.3%) had pancytopenia. However isolated thrombocytopenia was not encountered in those adult patients². Study done by Butler et al, In 1978 on 28 enteric fever cases, thrombocytopenia was detected in 17 patients, associated with subclinical
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Disseminated intravascular coagulation seen in the course of disease. Although certain viral infections cytomegalovirus, H5N1, HIV and recently hantavirus have been seen to be associated with thrombocytopenia and fever as co-morbid conditions. But our case of enteric fever presented with isolated thrombocytopenia which is a rare presentation. Enteric fever should be considered as a possibility in work up for a case of fever with isolated thrombocytopenia which is a rare presentation.

REFERENCES