MANAGEMENT OF TYPHOID ILEAL PERFORATION, AN EXPERIENCE OF 120 CASES

ABSTRACT

BACKGROUND: Typhoid perforation of ileum is a grave problem seen in patients having typhoid fever. Various treatment modalities are there for repairing the typhoid ileal perforation. The objective of this study is to state our surgical experience and postoperative complications of treatment of typhoid ileal perforation.

METHODOLOGY: This prospective observational study was conducted in the Department of Surgery, Liaquat University of Medical Sciences and Hospital and a private hospital, Hyderabad from August 2007- July 2009. The patients with typhoid dot and/or positive blood culture were included in this study after obtaining an informed consent. Patients with co-morbidities were excluded.

RESULTS: A total of 120 patients were operated for typhoid ileal perforation in the study period. There were 91 males (75.83%), 29 females (24.1%) with mean age of 21.43 years (17-38 years). Majority of patients were in 1st and 2nd decade of life. Seventy three patients (60.83%) had single perforation while rest of 47 patients (39.16%) had two or more perforations. Perforation was repaired in 93 patients (77.5%) while 27 patients (22.5%) patients have resection anastomosis. Wound infection was seen in 37 patients (30.83%) and wound dehiscence was seen in 8 patients (6.66%). Enterocutaneous Fistulae was seen in 17 patients (14.16%) Seven patients (5.83%) were died.

CONCLUSION: Typhoid ileal perforation is frequently reported in developing countries. A high postoperative complications rate was observed in this study. Aggressive resuscitation and prompt surgical intervention leads to decreased morbidity and mortality.

KEY WORDS: Typhoid ileal perforation, wound dehiscence, wound infection, typhoid fever complications.

INTRODUCTION: Typhoid ileal perforation, wound dehiscence, wound infection, typhoid fever complications.

PATIENTS & METHODS: This prospective observational study was conducted in the Department of Surgery, Liaquat
The diagnosis of typhoid perforation was made on clinically with baseline investigations, x-ray, ultrasound examination, and operative findings. A predesigned proforma was used to collect the study variables like demographic details, clinical features, treatment modalities used, operative results and complications. The patients with typhoid dot and/or positive blood culture were included in this study after obtaining an informed consent. Patients with co-morbidities were excluded.

RESULTS

A total of 120 patients were operated for typhoid ileal perforation in the study period. There were 91 males (75.83%) and 29 females (24.1%) with mean age of 21.43 years (17-38 years). Majority of patients were in 1st and 2nd decade of life. Table I. Fever was the comments symptoms present in all patients, 56 patients (46.66%) had fever for one week, 47 patients (39.11%) were presented with fever for two weeks and 17 patients (14.16%) for three weeks. All patients were presented with generalized abdominal pain and distension. Duration of abdominal pain was 24 hours in most of patients that is 71 patients (59.16%). Thirty eight patients (31.66%) had abdominal pain and distension for 2 days and 11 patients had abdominal pain and distension for 3 days. Most of patients who were presented in 2nd and 3rd day of abdominal distension were referred from other private hospitals of basic health units from interior of Sindh Province.

Out of 120 patients only 31 patients (25.83%) had previous treatment for typhoid fever. Seventy three patients (60.83%) had single perforation while rest of 47 patients (39.16%) had two or more perforations. Perforation was repaired in 93 patients (77.5%) while 27 patients (22.5%) patients had resection anastomosis. Perforations were 5-51cm (mean 23cms) located from ileocecal junction beside the antimesenteric border of the ileum.

In this study the wound infection was seen in 37 patients (30.83%) and wound dehiscence was seen in 8 patients (6.66%). Enterocutaneous Fistulae was seen in 17 patients (14.16%) Seven patients (5.83%) were died during the hospitalization. Table II.

DISCUSSION

Perforation of a typhoid ulcer generally takes place at some stage in the 3rd week and is occasionally the first sign of the ailment. Crohn’s disease, malignancies, foreign bodies and drugs are among the most frequent reason of sudden ileal perforation in underdeveloped countries. Prompt exploration and intervention leads to enhanced outcome. Typhoid perforation is common with male domination; in our study 91 males (75.83%) had typhoid ileal perforation. Typhoid ileal perforation affects young people with age range of 19-34 years. In our study age range was 17-38 years with mean age of 21.43 years. Treatment modalities used in this were study including repair and resection and anastomosis were same as done in previous studies. General anesthesia was given to all patients. In our study 73 patients (60.83%) had single perforation and 47 patients (39.16%) had two or more perforations. Regarding the number and location of perforations in our series, 36 (81.81%) patients had single perforation & 8 (18.18%) patients had more than one perforation, these figures are similar to previously conducted studies. Most of perforations were 5-51cm (mean 23cms) located from ileocecal junction beside the antimesenteric border of the ileum. In this study the wound infection was seen in 37 patients (30.83%) and wound dehiscence was seen in 8 patients (6.66%). Enterocutaneous Fistulae was seen in 17 patients (14.16%) Seven patients (5.83%) were died during the hospitalization. Table II.

CONCLUSION

Typhoid ileal perforation is still associated with high morbidity and mortality. Complications are found in all treatment modalities of typhoid ileal perforation. Aggressive resuscitation and prompt surgical intervention leads to decreased morbidity and mortality.

REFERENCES:

4. Tade AO, Ayoade BA, Olawoye AA. Pattern

TABLE I

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Number of patients (%)</th>
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<tr>
<td>10-20</td>
<td>29</td>
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<tr>
<td>21-30</td>
<td>48</td>
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<tr>
<td>31-40</td>
<td>17</td>
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<tr>
<td>&gt;40</td>
<td>26</td>
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<tr>
<td>Total</td>
<td>120</td>
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TABLE II

<table>
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<th>Clinical features</th>
<th>Number of Patients (%)</th>
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<tr>
<td>Enterocutaneous Fistulac</td>
<td>17 (14.16%)</td>
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<tr>
<td>Wound Infection</td>
<td>37 (30.83%)</td>
</tr>
<tr>
<td>Wound Dehisence</td>
<td>8 (6.66%)</td>
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<tr>
<td>Intra-Abdominal Abscess</td>
<td>11 (9.16%)</td>
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<tr>
<td>Mortality</td>
<td>7 (5.83%)</td>
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