Abstract #: 234

Typhoid Fever During Pregnancy: A Differential Diagnosis Of Helpp Syndrome

Presenting Author: German Monsalve Mejia Anesthesiologist
Presenting Author's Institution: Clinica del Prado - Medellin, Antioquia
Co-Authors: Tatiana Gallo Anesthesiologist - Clinica del Prado - Medellin, Antioquia
Maria Virginia Gonzalez Anesthesiologist - Clinica del Prado - Medellin, Antioquia
Jorge Rubio Anesthesiologist - Clinica del Prado - Medellin, Antioquia
Catalina Martinez Anesthesiologist - Clinica del Prado - Medellin, Antioquia
Gonzalo Arango Anesthesiologist - Clinica del Prado - Medellin, Antioquia

Case Presentation: A 31 year-old, G1 P0, with 28 weeks of gestation complaining of a week of evolution of malaise, vomiting, headache, subjective fever and occasional uterine activity. At admission, BP 120/81, HR: 105/min, Temperature 37.8º C. AST 166mgrs/dL, ALT 113mgrs/dL, LDH 1125 mgrs/dL, Platelets 88.000/mm, Total bilirubine 3.3mgrs/dL, direct bilirubin 2.48, Hb: 10.2grs/dl leucocites 3040 L: 45% N: 50%, uroanalysis: proteins ++, coagulation and renal function were normal, moderate metabolic acidosis with BE-9, PaO2/FIO2 ratio 223. Liver and biliary tract were normal at ecography and so was the echocardiography. Viral hepatitis, malaria and leptospirosis were ruled out. Fatty acute liver was ruled out too, with normal antitrombin III, cholesterol and triglicerides levels. Acute inflammatory reaction was found in amniocentesis with a negative culture. Proteinuria was 1gr/24 hours. The early goal directed therapy in severe sepsis protocol was started because a systemic inflammatory response syndrome was found without source. With the HELLP syndrome diagnosis, OB service initially decided to end pregnancy but in absence of hypertension, the decision was cancelled. 4 days after admission, two positive blood cultures for salmonella typhi were reported and ceftriaxone was started, with improve in liver function, and resolution of the multiple organic dysfunction syndrome. She continued her pregnancy at home, with excellent maternal and fetal outcomes.

Discussion: TF is caused by Salmonella Typhi, a bacterium that is transmitted by ingestion of food or beverages handled by individuals chronically infected. Latin America, Africa and Asia are considered endemic areas. Clinical features include frontal headache, malaise, anorexia, nausea, poorly localized discomfort, dry cough and myalgia, associated to a barely altered physical examination: low grade fever that rises progressively and by the second week may be high and sustained (39° to 40°C). Hepatic dysfunction is characterized by an increase in ALT, bilirubin and LDH, leucopenia is frequent and proteinuria; THE laboratory findings in the context of a pregnancy may mimic a HELLP syndrome or other causes of liver disease as acute fatty liver. Typhoid fever during pregnancy may cause miscarriage although early antimicrobial treatment has made this outcome less common. Vertical intrauterine transmission from an infected mother may lead to neonatal typhoid infection, a rare but severe and life-threatening illness.

Incorrect diagnosis such as HELLP syndrome and other hepatic diseases of pregnancy may result in a premature end of a pregnancy that if other ways correctly treated can get to a term without maternal or fetal complications.

References:
1. Infectious Diseases in Obstetrics and Gynecology 2006; 64828: