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A Case of Paratyphoid Fever Accidentally Treated with Amoxycillin (Case Report)

by

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Introduction

Salmonellosis can be treated by a wide variety of antibiotics. At least some 15 antibiotic preparations show inhibition *in vitro* of *Salmonella* strains, when result of laboratory sensitivity tests is received.

Clinically however, treatment of typhoid and paratyphoid fever consists of chloramphenicol or some other secondary choice of antibiotics.

In general the choice of antibiotic cannot be solely determined by sensitivity tests *in vitro*. Antibiotic concentrations at the site of organ involvement in disease-states, unbound fractions of antibiotics and plasticity of bacteria (Slamet Djais and Uyka Slamet Santoso, 1971) are important factors to be considered. The final decision on which antibiotic to be used must lie with the physician's clinical judgement based on sound clinical trials.

A case of paratyphoid-fever is reported below which responded dramatically to 6 (D(-) α -Amino-p-Hydroxyphenyl acetamido) - Penicilanic acid or amoxycillin, known in Indonesia under the trade name of Amoxil (250 mg capsules).

Case Report

T, a 12-year-old boy, weighing 32 kg presented himself on March 8, 1974 with fever, cough and rhinitis of 1 day duration at the private practice office of the author. No important clinical findings were noted and the patient was treated symptomatically with anti-influenza drugs.

On the 12th of March the patient came back with an additional throbbing headache while fever lasted, for which still no antibiotic treatment was given.

On the 15th, bronchitis and marked prostration were noted and amoxycillin was given at a dose of 3 times

250 mg per day. The next day fever subsided and cough with general malaise diminished progressively.

On the 18th of March the patient felt well enough to go to school and the parents stopped the antibiotic treatment.

On the 20th high fever again struck the boy, and amoxicillin treatment was reinstated.

Prompt after 2 days the patient became afebrile and felt much better again.

Laboratory results on the 14th of March showed no leucopenia (7200), 2% eosinophils, sedimentation rate of 36 in the first hour (Westergren), no urine changes. Malaria parasites were not found, and Widal was negative.

It was on the 23rd March, three days after the second febrile period that the bloodculture report was received which revealed positive *Salmonella Paratyphus A*.

Since the patient was clinically improved at that time there was no point for hospitalization.

Amoxicillin treatment was prolonged 8 days after fever went down.

No complications or sequelae, nor side effects were noted, though the patient violated warnings to keep absolute rest in bed.

Bloodculture was repeated on the 25th of March which became negative, whereas the Widal agglutination test showed a definite rise, notably titer H : 1/800 and titer O : 1/100.

Stoolculture was not done.

Discussion

There is a few literature on typhoid fever treatment with amoxicillin.

Farid et al. (1974) reported from Cairo the succesful treatment of 7 typhoid and paratyphoid adult patients with a dose of 3 x 500 mg of amoxicillin continued for 7 days after the afebrile period.

The period in which the patients became afebrile varied from 2 to 10 days but the clinical improvement (disappearance of toxicity, abdominal distention, coated tongue and headache) was more rapid.

In the search for other drugs than chloramphenicol in the treatment of typhoid fever, further trials with amoxicillin are seemingly warranted to establish its usefulness.

REFERENCES

1. FARID, Z., SIPPEL, J.E., HASSAN, A. and TRABOLSI, B.: Treatment of acute enteric fever with amoxycillin. *The Lancet* iii : 350 (1974).

2. SLAMET DJAIS and UYKA SLAMET SANTOSO: Hubungan percobaan resistensi dengan terapi antibiotika, *Maj. Kedok. Indones.* 21 : 308 (1971).

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