Abstract

Enteric fever is endemic in developing countries and frequently complicates with ileal perforation. Surgical intervention for the perforation is the usual treatment but attendant rate of postoperative complications high. It is unclear what the spectrum of enteric fever perforations is in rural hospital practice in Kenya, where the diagnosis most often in intraoperative. To describe the surgical experience of typhoid perforations at a rural district hospital in Kenya between April 2007 and October 2009. This was a retrospective chart review of patients who underwent laparotomies for peritonitis at the Kapenguria District Hospital in Kenya between April 2007 and October 2009. Data abstracted from patient files included demographics, presenting symptom, duration of symptoms, investigations (Widal and/or stool culture), operative management, complications, length of stay, and death. Widal test was indicative when titer was 1:160 for “O” antigen or above. Antimesenteric longitudinal perforation was assumed to be a complication of enteric fever. The data were analyzed using SPSS version 16.0. The results are presented in frequency tables, bar charts and pie charts. Of the 50 files retrieved with diagnosis of peritonitis, 21(42%) were found at operation to have had ileal perforations. Of these 15(71.5%) had resection and primary anastomosis, 2(9.5%) had refreshening and anastomosis (simple anastomosis) and 4 (19%) had ileostomy. Male to female ratio was 4:1, majority were aged 6-15 years (38.1%). Wound infection was 8(38.1%), enterocutaneous fistulae were 7(33.3%), while 7(33.3%) required second laparotomy and 4(19%) were referred due to complications which could not be managed at this level. Mortality was 3(14.3%) and average length of stay was 17 days. Morbidity and mortality arising from typhoid ileal perforation is high in this environment making it a major challenge in a resource poor environment. Prevention by use of protocols is highly recommended.