UNUSUAL HÆMORRHAGIC SEQUELÆ IN A CASE OF SUSPECTED ENTERIC FEVER GROUP.

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The patient, a civilian European in Government employment, had been inoculated with T.A.B. vaccine in November, 1927. Since then his only protection against the enteric group had been by means of "bilivaccine". In March and again in September of 1934 he took three doses of bilivaccine. He was admitted to hospital on the third day of illness with severe frontal headache and malaise. Temperature 101° F. and pulse 78. The tongue was furred and there was slight dry bronchitis. Blood examination for malaria parasites was negative. An initial calomel purge and a diaphoretic mixture were prescribed.

During the next three days the temperature showed the typical step-ladder rise. The pulse remained relatively slow and severe frontal headache persisted.

Blood taken for culture on the sixth day of disease was sterile. Widal reaction of the same day gave T. 150, A. 30, B. 25, T.O. nil.

The spleen was palpable below the costal margin. There was a scattered rash of rose spots on the chest, abdomen and back.

Pyrexia continued with slight remissions until the eleventh day of disease. Widal reaction on this day showed: T. 200, A. 30, B. 20, T.O. nil. Total white cell count was 3,750. The condition remained unchanged till the sixteenth day, when there was a brisk epistaxis. Widal on this day was T. 200, A. 30, B. 20, T.O. nil.

Epistaxis occurred on four consecutive days and on the fourth day the patient began to bleed also from the gums. Local treatment was of no avail and the nasal mucosa and gums continued to ooze. Calcium lactate was given twice daily in 30-grain doses.

Abdominal discomfort resulted from the swallowed blood which appeared as melæna in the stools. The appearance of the stools suggested that there was no considerable hæmorrhage from bowel ulceration.

The patient's general condition was much weakened and began to give rise to anxiety. He was placed on the seriously ill list. Hæmoplastin, two cubic centimetres, was given twice daily.

Hæmaturia then started. The urine resembled almost pure blood. At the same time petechial hæmorrhages appeared on the neck, chest, face and arms. The gingival oozing continued. The patient was then put on the dangerously ill list. Hæmoplastin (Parke Davis and Company) was injected intramuscularly in four c.c. doses three times daily. His condition was now definitely worse. The temperature had become sub-normal and the pulse-rate was markedly increased. There was no thirst.

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Clinical and other Notes

Bleeding continued unchanged. The abdomen was slightly distended and tender and the patient began to vomit his feeds. Total red blood cells 2,250,000, haemoglobin 35 per cent.

It was decided to try transfusion of whole blood and a suitable donor having been found about five ounces of citrated blood were injected into the patient’s vein. The operation produced no shock or reaction and the following day there was a noticeable improvement.

Bleeding continued from the kidneys, but was less in amount. That from the gums and nose had stopped. The patient complained of abdominal pain in the left renal area radiating to the left testicle. Both kidneys appeared to be enlarged and tender on palpation. Vomiting was much less.

The general condition was much improved. Red blood cells amounted to 3,000,000. Haemoglobin 55 per cent. Blood-pressure was 130 mm. hg systolic and 70 mm. diastolic. The urine was slightly clearer.

Improvement continued. Ten minims of adrenalin 1 in 1,000 were given hypodermically, the aim being to increase the tone of the smaller blood-vessels. A somewhat distressing reaction resulted lasting about four hours. The patient complained of thumping sensations in his heart and in his head. An increased output of urine resulted.

Slight improvement continued. The left-sided renal pain persisted. The following day the urine became suddenly quite clear. Red blood cells were present in centrifuged specimen.

On the twenty-eighth day there was slight return of haematuria and the total volume of urine was increased to 117 ounces. The next day the urine was again clear.

Since this time convalescence has taken an ordinary course.

In my opinion, this case is remarkable in that it ran the classical course of a mild enteric fever for three weeks. In the beginning of the fourth week there was a secondary rise of temperature coincident with the onset of bleeding from the nose and mouth and the appearance of petechial hemorrhages. These symptoms of a hemorrhagic tendency rapidly gave rise to a most alarming haematuria. The hemorrhages did not respond to treatment with haemoplastic serum and calcium. They did, however, seem to be rapidly improved by a small transfusion of whole blood from a recently protected donor.

In conclusion, I would like to express my thanks to Major W. Aitchison, M.C., I.M.S., Civil Surgeon, Cawnpore, for his help and advice in the treatment of this case.