documented the occurrence of ITP after OPV. In our case, it was not possible to implicate the individual vaccine causing thrombo-cytopenia due to concurrent administration of both as per National Immunization schedule.

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Immune Thrombocytopenic Purpura in Typhoid Fever

A 10-year-old boy presented with fever for 5 days along with pain abdomen, headache and anorexia. On examination, there were echhymotic spots over soft palate and venepuncture sites. Patient had hepatosplenomegaly; signs of meningeal irritation were absent.

Investigations were as follows: hemoglobin, 11.3 g/dL, total lececocyte count 8.4×10^9/L (N83 L15 M2), Platelet: 45×10^9/L; C-reactive protein: 123 mg/dL, and ALT 110 U/L. Electrolytes and renal function tests were normal. Urine and stool examination showed 10-15 red blood cells/high power field. Coagulation profile was within normal range.

Patient was started on intravenous Ceftriaxone from the day of admission. Widal test showed titre of 1:320 against *S. typhi*. Blood culture also revealed growth of *S. typhi*, sensitive to Ceftriaxone.

From day three of admission, fever spikes started to decrease in severity as well as frequency. On fourth day, platelet count further decreased to 26×10^9/L whereas CRP decreased to 23 mg/dL. On day 5, patient became afebrile but there were new echhymotic spots around elbow joint with platelet count further reducing to 12×10^9/L. Bone marrow examination revealed increased numbers of megakaryocytes with other blood cell-precursors in normal ranges; a picture suggestive of Immune Thrombocytopenic Purpura (ITP).

We started oral prednisolone (2 mg/kg/d) with gradual tapering over 4 weeks. On day-10 of admission, platelet count increased to 84×10^9/L, and at 1-month follow-up, it was 183×10^9/L.

Hematological changes in typhoid fever constitute of anemia, leucopenia, thrombocytopenia and subclinical disseminated intravascular coagulation [1]. Toxin-mediated bone marrow suppression, chronic granulomatous changes and hemophagocytic histiocytosis are among the reported bone marrow changes [2,3]. Isolated thrombocytopenia in typhoid fever has been reported earlier [4], but documented bone marrow changes suggestive of ITP in blood culture proven typhoid fever is rarely documented.

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