

Chloramphenicol Resistant Typhoid Fever

Reports have appeared in the literature describing the chloramphenicol resistant strains of organisms causing typhoid fever(1,2). We report drug sensitivity pattern of *Salmonella typhi* in 20 cases of typhoid fever.

These patients presented with prolonged fever, pain abdomen, vomiting, diarrhea, headache and cough. All of them had hepatomegaly; splenomegaly was found in about 1/3 of them. Majority of them showed normal leucocyte count with eosinopenia. Widal test was positive in all the cases.

In vitro sensitivity to all the drugs tested was observed only in 4 (20%) cases, the remaining 16 (80%) being resistant to chloramphenicol. Organisms in all the cases were sensitive to gentamicin, kanamycin, amikacin, cephaloridine and ciprofloxacin. Sensitivity to ampicillin, cotrimoxazole and tetracycline was seen in 9 (45%), 7 (35%) and 12 (60%) cases, respectively. Khadilkar *et al.* have also reported almost similar drug sensitivity pattern of *Salmonella typhi* in four cases(3).

The emergence of chlormaphenicol resistant strains of *Salmonella typhi* may be due to indiscriminate use and irrational combinations of this drug and should therefore be discouraged. As various

newer, costly and toxic drugs can not be used in pediatric age, this observation is a newer challenge to Pediatricians.

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Treatment of Enteric Fever — What Next?

Salmonella typhi infection is common in developing countries like India. Children are especially vulnerable to enteric salmonellosis(1). Chloramphenicol and co-trimoxazole have been the traditional drugs for treatment of enteric fever(2). However, multiple drug resistant *Salmonella typhi* have been reported recently from the Southern and Western part of the country(3,4). We have also encountered the problem of multiple drug resistant *Salmonella typhi* in our centre at Chandigarh.