SUMMARY AND CONCLUSION

Typhoid fever is a distinctive acute systemic febrile infection of the mononuclear phagocytes and deserves separate consideration. Since it may be caused by several serovars (S. typhi, S. para typhi A, S. para typhi B, and occaionally S. typhimurium), many clinicians perfer the term enteric fever. However, because typhoid fever is fundamentally not an enteric disease, this term is also inappropriate.

Typhoid fever is a world wide in distribution. In Egypt, typhoid fever still more prevalent disease specially in the summar months and this is due to bad habit of eating outside home.

The clinical picture of typhoid fever is highly variable although fever, headach, anorexia, vague abdominal pain, diarrhea or constipation, toxic face, coated tongue, abdominal tenderness, splenomgely and hepatomegly are very suggestive symptoms and signs.

The diagnoses of typhoid fever is based on isolation of the causative organism from the blood of the patient.

The aim of this work is to re-evaluate the Lab diagnosis of typhoid fever in children comparison ng blood culture, widal test to the newly developed polymerase chain reaction (PCR technique).

The study included 30 cases of children suspected clinically typhoid fever who were admitted to Damanhour fever hospital for diagnosis and management.

They were 13 males (3 preschool and 10 school ages) and 17 females (6 preschool and 11 school ages), their ages ranged from 2-12 years.

All cases were subjected to history taking, clinical examination, total and differential leukocytic count, blood culture, Widal test and polymerase chain reaction (PCR) for salmonella.

It was found that fever, headache and coated tongue were encountered in all cases of our study and bowel habit disturbance, general malaise, dry cough, toxic face, chest ronchi, sphenomegly and heaptomegly were frequently present.

Blood culture, widal test and polymerase chain reaction were positive in 36.7%, 86.7% and 90% of our cases respectively.

Our study showed that sensitivity and specificity of PCR were 100% and 75% respectively.