

A RARE CASE OF SALMONELLA PARATYPHI CAUSING HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS

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INTRODUCTION

HLH is a syndrome of excessive immune activation leading to widespread inflammation and tissue destruction. Although few cases of HLH secondary to Salmonella Typhi have been reported, those caused by Salmonella Paratyphi are scarce. Here, we report such a case of secondary HLH caused by Salmonella paratyphi in a 20 year old.

CASE REPORT

A 20 year old female, came to our hospital with complaints of fever, vomiting and loose stools for 7 days, weakness of all four limbs for past two days. On examination, Severe Dehydration present, Pallor and Icterus present. Her BP was 90/60 mmhg, PR was 120 bpm, Temperature was measured to be 102F. Diffuse tenderness elicited on abdominal examination. Reduced power and reflexes in all four limbs and trunk. Initial investigations revealed Pancytopenia and severe hypokalaemia. Radiological imaging of the abdomen showed Splenomegaly. Further testing revealed Hyperferritinemia, Low fibrinogen, elevated levels of LDH, CPK, D dimer. Blood cultures showed growth of Salmonella Paratyphi organism. Tropical fever panel was negative. Other foci of sepsis were ruled out. Patient was treated with Antibiotics, Steroids, Blood transfusions and other supportive care. Patient's neurological deficit resolved progressively with correction of Hypokalaemia.

DISCUSSION

HLH can be either primary (genetic), or secondary (acquired) associated with infections (bacteria, viruses, protozoa and fungi), metabolic disorders, autoimmune diseases, and malignancies especially lymphoma. This case report emphasizes the need for high index of clinical suspicion for secondary HLH, and prompt early initiation of HLH-specific immunosuppressive therapy combined with cause specific treatment can be life-saving especially in infection-associated hemophagocytic lymphohistiocytosis. Our patient improved symptomatically and Laboratory parameters showed rapid resolution of hyperinflammatory state and recovering cytopenias.

