

**BACTERIOLOGICAL ASPECTS OF ILEAL  
PERFORATION COMPLICATING TYPHOID**

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Ileal perforation as a complication of typhoid fever is not uncommon in this country, and carries a high mortality.

Twenty patients with typhoid perforations were studied. For confirmation of typhoid in patients with suspected "perforation", the clot culture, stool culture and S.A.T. appear unhelpful.

Culture of a mesenteric lymph node removed during laparotomy is a reliable method of retrospective diagnosis even in patients who have had prior antibiotic therapy.

S.A.T. titres of patients with typhoid perforation appear to be lower than that of comparable patients with uncomplicated typhoid.

Bacteriological examination of the peritoneal pus suggests that peritonitis resulting from the perforation is a typical faecal peritonitis where the coliforms and anaerobes predominate. The typhoid bacillus probably plays a minor role (if any) in the peritonitis. Hence it is advisable that antibiotic treatment should cover not only *S. typhi*, but also the predominant pathogens in the peritoneal pus. The antibiotic sensitivities of these organisms suggest that Chloramphenicol should be used together with Kanamycin or Gentamycin, as the majority of coliforms isolated were resistant to Chloramphenicol and Ampicillin.