

An audit on clinical and laboratory characteristics of acute undifferentiated febrile illness presenting to medical ward, Teaching hospital Jaffna

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Introduction: Acute undifferentiated febrile illness (AUFI) is a leading cause of hospitalization in tropical regions. Dengue infection remains the primary cause, but other infections like Typhus, Leptospirosis, and more recently COVID -19 have emerged as notable concerns. Despite numerous studies, comprehensive clinical and laboratory guidance for identifying the aetiology of AUFI remains elusive, especially in resource-poor settings with limited diagnostic capacities.

Objectives: This audit aimed to ascertain the clinical and laboratory characteristics of AUFI in patients presenting to the medical ward of Teaching Hospital, Jaffna, from June 2023 to October 2023.

Methodology: This prospective longitudinal observational study involved adult patients admitted to the medical ward at Teaching Hospital, Jaffna, with AUFI. Clinical and laboratory characteristics were analyzed, and cases were managed appropriately. Outcomes were analyzed based on treatment response and discharge data using SPSS for Windows, version 12.0.

Results: Fifty patients were recruited, comprising 42% males and 58% females. The highest number of patients presented on the third day of illness. Constitutional symptoms were reported by 50%, while gastrointestinal, respiratory and urinary symptoms were reported by 68%, 52% and 20% respectively. Escher was detected in only two patients and 16% exhibited mild organomegaly. All maintained stable vitals and were managed in the ward.

Laboratory findings indicated that 40% had leukopenia, while 16% had leukocytosis, half of whom also had thrombocytopenia. CRP levels were less than 10 mg/dl in 37% of patients, while 20% had CRP exceeding 100 mg/dl, including three patients with above 200 mg/dl. Transaminitis, predominantly AST, was observed in 80% of patients. Antibiotics were administered to 50% of patients based on clinical grounds. Defervescence occurred within one day in 46% of patients, and 94% were fever-free within three days. The fever persisted for a maximum of six days despite treatment.

Clinical diagnoses included dengue fever in 40% of patients, while viral infections with predominant upper respiratory symptoms were treated without antibiotics in 8% of patients. Typhus was diagnosed in 18%, and the remaining patients were treated for cellulitis, cystitis, pyelonephritis, tonsillitis and pneumonia. One patient with malaria received antimalarial treatment. Notably, 94% of patients had confirmed diagnoses matching their clinical diagnoses, underscoring the essential and reliable nature of clinical acumen in diagnosing and managing AUFI in resource-poor settings.

Conclusion: This audit emphasizes the importance of clinical knowledge and analytical skills in medicine. Clinicians must rely on their expertise and analytical abilities to diagnose and treat infectious diseases accurately with limited diagnostic resources. These skills enable healthcare professionals to make informed decisions, develop guidelines, innovate in the face of scarcity, and lead initiatives that improve health outcomes for entire communities.

Key words: Acute undifferentiated febrile illness (AUI), Typhus infection, Leptospirosis

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The incidence of hypothyroidism in patients undergoing radiotherapy for head and neck cancer

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Introduction: Head and neck cancers (HNCs) are the most common cancers in Sri Lanka. Radiotherapy is commonly used for treatment either in the definitive, adjuvant or palliative settings. Radiation-induced hypothyroidism (RIH) is a known late side effect of neck radiotherapy. RIH often goes undiagnosed for years due to overlapping non-specific symptoms with other conditions.

Objective: This study was designed to identify the incidence of RIH among patients receiving neck radiotherapy for HNCs.

Design, Setting and Method: Patients treated with curative intent radiotherapy for HNCs between 1st January 2013 to 31st December 2022 were recruited for the study. The required data were extracted from individual patient records. Statistical software SPSS(V25) was used to analyze the data.

Results: A total of 1439 participants diagnosed with HNCs over a span of 10 years were extracted from the cancer registry. The majority (81%) were males, and the mean age was 63 years. Among them (80) 1025) were treated with Radiotherapy. The intention of radiotherapy was curative in 73% and palliative in 27%. Of those offered curative radiotherapy (n=90, 748 completed the treatment and the rest defaulted in between. The majority (57%) received a dose of 66 Gy in 33 fractions. Only (8)61) patients underwent regular post-radiotherapy Thyroid Stimulating Hormone (TSH) testing to detect hypothyroidism. Among them, (46) 28) patients were diagnosed to have Hypothyroidism.

Conclusion: Considering the findings of the study, RIH affects 1 in 2 patients undergoing neck irradiation, highlighting the significant health hazard that demands focused attention.