



Contents lists available at BioMedSciDirect Publications

International Journal of Biological & Medical Research

Journal homepage: www.biomedscidirect.com



Original Article

Acute undifferentiated febrile illness- clinical spectrum and outcome from a tertiary care teaching hospital of north Karnataka

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ARTICLE INFO

Keywords:

Acute undifferentiated febrile illness
North Karnataka
Scrub typhus.

ABSTRACT

Background: Fever is a common presenting complaint in the developing world. Due to high prevalence of local individual diseases there is a need of differential diagnoses for acute undifferentiated febrile illness (AFI). Acute undifferentiated febrile illness is defined as acute onset of fever (fever more than 38 degree Celsius lasting for less than 2 weeks) and no cause found after full history and physical examination. Objective: This study was carried out to find out the etiology of AFI that present to a tertiary hospital in north Karnataka and to describe disease specific clinical profiles. This was a 1 year prospective, observational study conducted in adults (age >16 years) who presented with an undifferentiated febrile illness of duration <15 days, requiring hospitalization. Materials and methods: The study consisted of 100 patients. Data was collected to identify sex, age range and duration of fever. The diagnosis was done history, physical and laboratory examination. Blood cultures, malarial parasites and febrile serology, in addition to clinical evaluations and basic investigations were performed. Comparisons were made between each disease and the other AFIs. Results: scrub typhus (33%), dengue (25%), enteric fever (14%), malaria (8.0%), spotted fever rickettsiosis (6.0%), H1N1 (5.0%), and unclear diagnoses (9.0%). Leukocytosis, acute respiratory distress syndrome, aseptic meningitis, mild serum transaminase elevation and hypoalbuminemia were associated with scrub typhus and dengue. Normal leukocyte counts, moderate to severe thrombocytopenia, renal failure, splenomegaly and hyperbilirubinaemia with mildly elevated serum transaminases were associated with malaria. Enteric fever was associated with loose stools, normal to low leukocyte counts and normal platelet counts. Conclusion: It is important to maintain a proper epidemiological data of AFIs so that evidence-based diagnostic criteria and treatment guidelines can be developed.

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