

WIDAL POSITIVE SYNDROME; FROM MISCONCEPTION TO REALITY

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Widal test developed in 1896 and named after Georges Ferdinand Widal, who introduced it,¹ the method relies on a reaction in a test tube or on a slide between antibodies present in the infected person's blood sample and specific antigens of *S. typhi*, which produces clumping (agglutination) that is visible to the naked eye.² While the method is easy to perform, concerns remain about the reliability of the Widal test and studies of the assay's sensitivity and other measures of reliability have been disappointing. Besides cross-reactivity with other *Salmonella* species, the test cannot distinguish between a current infection and a previous infection or vaccination against typhoid.³

Widal test is used as investigation of first choice by general practitioners and quacks of Khyber pukhtoonkhwa and bordering areas of Afghanistan for diagnosis of enteric fever. Enteric fever in these areas has a big stigma of a very serious illness. Enteric fever is given different names in different dialects of pashto language like "Amberki" "moriqa" "Ghata thaba" "Tharataka" "meeyadi thaba" "Ectifaid" and "Tefaid". Judicious use of widal test in diagnosis of every fever has created a concern and anxiety in big chunk of patients who have positive widal test without sign and symptoms of enteric fever. These patients are arbitrarily labeled as having "widal positive syndrome". These sufferers visit general practitioner and quacks again and again time till they get negative widal test. These patients are prescribed antibiotics every time. Most of these patients end up in tertiary care hospitals and private clinics in Peshawar to seek help. A big portion of these patients develop psychosomatic manifestations and end up in psychiatric clinics because of this misconception of having a serious illness. Most of these

patients are admitted in valuable beds of tertiary care hospitals of Peshawar by patient wish or clinician's concern for documentation of fever. This misconception has not only physical and mental impact but also economical dimensions for thousands of families who have small budget.

This misconception has been created by general practitioners and quacks in a community who has little knowledge about health information, who totally depend on health information provided by nearby health personal. general practitioners and quacks in Khyber pukhtoonkhwa and bordering areas of Afghanistan has little no or wrong knowledge about the diagnosis of enteric fever and use of widal test.

In the US and other industrialized nations, testing for enteric fever usually involves a blood culture to detect the bacteria during the first week of fever. A stool, urine or bone marrow culture may also be performed.⁴

The World Health Organization (WHO) has said that due to the various factors that can influence the results of a Widal test, it is best not to rely too much on this test. WHO instead recommends the use of cultures whenever possible. A blood culture, however, can be labor- and time-intensive in areas of the world that lack the resources for automated equipment. In developing countries, such as those in Africa, the Widal test continues to be used instead of cultures because it is quicker, simpler, and less costly to perform.⁵

Until another simple, inexpensive, and reliable option becomes available, however, use of the Widal test will probably persist in those countries with limited resources.⁴

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