



Western Australian Coding Rule

0725/86 Typhlitis

WA Coding Rule 1215/05 *Typhlitis* is superseded by National Coding Advice Q3593 *Typhlitis*, effective 1 January 2023.



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1215/05 Typhlitis

Q.
What code should be assigned for typhlitis? It is not Indexed in ICD-10-AM.

A.
Typhlitis may also be referred to as neutropenic enterocolitis (colitis), necrotising colitis, ileocaecal syndrome or caecitis. It is a rare acute life threatening condition classically involving inflammation of the caecum, often with involvement of the ascending colon and ileum, occurring in patients who are severely immunosuppressed.

The exact aetiology is unknown but severe neutropenia is commonly present.

The classic presentation is of fever and right lower quadrant abdominal tenderness in a neutropenic patient after cytotoxic chemotherapy for haematological malignancies e.g. ALL. Often there is a secondary bacterial infection of the inflamed gut e.g. with *Clostridium* species.

Other conditions and agents may predispose patients to develop typhlitis such as treatment with monoclonal antibodies and interferons, lymphomas, myelodysplastic syndromes, multiple myeloma, aplastic anaemia, solid malignant tumours, AIDS, solid organ and bone marrow transplantation.

Mortality in patients with typhlitis is high due to multiple complications e.g. bowel perforation, peritonitis, gastrointestinal bleeding/obstruction and sepsis.

As typhlitis has many different causes and presentations, coders should consult with the treating clinician before assigning a code/s.

DECISION

Coders should consult with the treating clinician for each case of documented typhlitis before assigning a code/s, asking what part of the GI tract is affected and what is the aetiology of the typhlitis.

[Effective 2 Dec 2015, ICD-10-AM/ACHI/ACS 9th Ed.]