

Accidental Tetanus: Keep it in your Differential Diagnosis

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1. CLINICAL IMAGE

An 83-year-old woman came to the Internal Medicine department for jaw muscle spasms (trismus), with a history of arterial hypertension and inadequate immunizations. The patient suffered a sore on the first finger of the left hand in her yard (Figure 1), cleaned and sutured at the health center. First symptoms began after nine days: difficulty opening her mouth, involuntary upper extremity muscle spasms, generalized spasticity, and breathing difficulty. Upon physical examination she was alert, but unable to open her mouth (Risus sardonicus) (Figure 2), evolving to respiratory distress caused by diaphragmatic and laryngeal spasm. Subsequently diagnosed with tetanus, she required sedation,

endotracheal intubation and mechanical ventilation. Tetanus immune globulin (5,000U), metronidazole 500 mg three times a day, diphtheria, tetanus toxoids and acellular pertussis vaccine (DTaP) were administered [1,2]. Tracheostomy was performed. 21 weeks of hospitalization were needed, followed by rehabilitation care, remaining with spastic tetraparesis. Although rare, tetanus remains a threat to all unvaccinated people [3,4].

2. CONFLICT OF INTEREST

There is no conflict of interest or source of funding for this work.



Figure 1: Risus Sardonicus.



Figure 2: First finger's sore.

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