

CASE PRESENTATION

Session 61: Rabies, Tetanus, and Botulism

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Introduction

- I.F A 40 yr fisher man with no known chronic illness brought in convulsing which started 3 hours prior,
- He had high grade fever , sweating and had reportedly taken alcohol about 300mls.

Emergency Assessment And Management

	Assessment	Management
Airway	No history of trauma, no noisy breathing (patent)	no intervention
Breathing	R.R 22 , saturating at 96% on R.A . chest was symmetrical with bilateral equal air entry , no added sounds. Normal percussion	none
Circulation	Warm extremities ,cap refill 2 sec , PR 80 bpm full volume regular BP 133/80mmhg , S1+S2 +0	passed IV access
Disability	Diaphoretic ,spasms triggered by touch , noise , GCS 6/15 E-1 V-2 M-3 PEARL , RBS 8.7mmol/L	IV DIAZEPAM 10mg STAT
Exposure	Febrile to touch Wound on the left foot 3cm by 4cm . no other life threatening injuries	i.V paracetamol debridement of wound

Sample History -Collateral

Signs And Symptoms	had generalized spasms triggered by noise, touch and light . no urine and fecal incontinence
Allergies	No known Food or drug allergies
Medications	unknown
Past Medical Hx	unknown, came from home
Last Meal	reportedly ate about 12 hours prior
Events	took some alcohol-about 300mls, found convulsing at his house on the floor , no hx of any sharp objects around

Problem List

- Generalized spasms (*triggered by light, noise and touch*)
- Wound on left foot
- Fever
- Reduced level of consciousness

INVESTIGATIONS

- MRDT- Negative
- B/S For Mps- No Mps Seen
- Urinalysis -NAD
- RBS-8.7mmol/Dl
- CBC -Requested But Results Not Got
- Head CT Scan -Considered But Patient Couldnt Afford

Diagnosis

1. Tetanus

TREATMENT

1. Isolated patient (dark quiet room)
2. Passed NGT tube for feeding 300mls 3hourly
3. Passed catheter
4. Daily wound dressing

TREATMENT Contd

1. Antibiotics - iv Cef, metro
2. IV Diazepam 10mg 4 hourly
3. Tetanus immunoglobulins 10,500 IU (unable to afford)
4. T.T vaccine 0.5 mls(given)
5. 2 hourly turning in bed
6. Physiotherapy (when spasms reduce)
7. Caretakers reassured about need for referral for ICU admission-for intubation (caretakers not willing) .

Follow Up (2nd day)

Patient still had spasms

O/E diaphoretic , some dehydration , febrile , noted locked jaw

R/S - diffuse crepitations. R/R -28CPM SPO2 -88-94%

CNS - GCS- 6/15 RBS - 8.9 mmol/l

Imp; Tetanus , aspiration pneumonia

Plan: oxygen therapy 5L/min

continue diazepam (spasms seemed to have increased)

Add IV Magnesium Sulphate 5g stat then 2g /Hour till spasms stop

Educated care takers avoiding triggers

4th day

- Patient still had spasms(reduced), assumed opisthotonous position , sweating

O/E febrile (38.9), diaphoretic

- CNS-GCS-4/15 PEARL RBS-13.3
- R/S -R/R-26 , SPO2 98% RA
- CVS-S1+S2=0 BP 139/94 mmHg

plan

- Considered adding tabs baclofen 5 mg (not available within)
- follow up above rx
- Wean off oxygen
- IV fluids N/S

5th day

- At 7am - patient became restless with difficulty in breathing

O/E in respiratory distress ,

R/S - R/R 30 BPM , Diffuse crepitations , spo2- 82% RA, secretions all over the mouth

connected on oxygen 5L/min , did suctioning . patient arrested, CPR done 2 cycles pupils were fixed and dilated and was then confirmed dead .

May His Soul RIP