

## **Laceration Wound That Kills: A Case Report**

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### **INTRODUCTION:**

Tetanus is a life threatening but preventable disease caused by toxin produced by *Clostridium Tetani* – a gram positive bacillus found in high concentrations in soil and animal excrement. The organism enters the human body via a breached in continuity of skin and under anaerobic environment of devitalised tissue, will germinate into toxin producing bacteria.

### **REPORT:**

A 63 years old, ADL independent man, with no known comorbidities was brought in to hospital after complaining of difficulty to swallow and inability to open his mouth for 1-day duration. The symptoms are associated with headache and neck stiffness for the same duration. Patient was unable to speak due to the trismus.

He had an alleged motor-vehicle accident, 8 days prior to the presentation where he was riding his motorcycle and fell in the drain. Patient sustained laceration wound over his left knee and was discharged from the Emergency Department on the same day with flavin dressing.

During current presentation, patient was alert and able to obey command but unable to respond verbally due to the locked jaw. Mouth opening was less than 2 finger breadth. He also had neck and truncal stiffness with generalised hypertonia. There was a laceration wound on his left knee measuring 3cm x 5cm with necrotic patch, warm and tender with seropurulent discharge. CT-Brain was unremarkable.

Despite given IM Tetanus immunoglobulin 3000u injection around the wound and IM anti-tetanus toxoid (ATT) 0.5ml on the opposite site, patient developed multiple episodes of spasm and generalised tonic clonic seizures. He later developed autonomic dysfunction in intensive care and succumbed on day four of admission.

### **CONCLUSION:**

The diagnosis of tetanus is a clinical diagnosis and its best treatment is by prevention. The role of surgical debridement is paramount in treating a tetanus infection as dead tissue promotes the growth of *Clostridium Tetani*. An increased awareness of ATT injection is also vital.

### **REFERENCES:**

1.Ergonul O et al., Lancet Infectious Diseases 2016; Pg 746-752