

## Delayed Tetanus Infection Post Traumatic Wound

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### INTRODUCTION:

Tetanus is due to infection from the bacterium, *Clostridium tetani*. Tetanus spores can survive longer in certain environments. Tetanus occurs in unvaccinated, partially vaccinated and some case full vaccinated patients with lack of booster.

### REPORT:

A 62 years old male, had an alleged trauma in early July sustained near total amputation of the right thumb. He underwent debridement and Kwire.

Three weeks later, during follow up noted tip of thumb became gangrene and patient developed locked jaw and stiffness of neck. He was treated as cephalic tetanus and was admitted to ICU for close observation.

In ward, he later had fitting episodes and was intubated for cerebral protections. He was treated with intravenous immunoglobulin and antibiotics, and underwent revision amputation of the thumb.

Subsequently, his condition improved and was able to be discharged well.

### CONCLUSION:

Tetanus is a lethal infection but with recent good vaccination campaign in most countries, cases has significantly reduced. *Clostridium tetani* secretes toxins that causing the muscles spasms. Although average incubation period is around 7 to 10 days, some cases can last up 60 days.

Early wound debridement is important to control the source of toxins production, followed with antibiotics and immunoglobulin therapy<sup>2</sup>.

In patients who are fully vaccinated, post exposure (trauma) booster is recommended as per national guidelines.



Figure 1: Post debridement and kwire of thumb



Figure 2: Post revision amputation

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