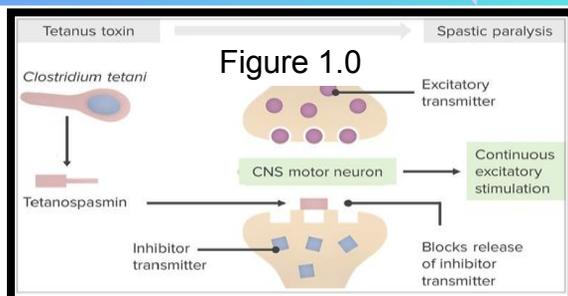


INTRODUCTION

Tetanus is a life-threatening condition caused by potent neurotoxin from 'Clostridium tetani'. In 2018, the incidence rate of other tetanus was 0.09 per 100000 population indicates tetanus is uncommon in Malaysia due to widespread immunisation.



CASE PRESENTATION

A 32-year-old migrant worker, unsure vaccination status complained of non-specific muscle spasm walked in emergency department on 22/4/2025. He refused admission because it does not affect daily activity. However, his symptoms worsened on 23/4/2025 with locked jaw (trismus), neck stiffness and worsening generalised body spasm causing him unable to ambulate. Upon examination, he is alert (E4V5M6) but having generalized body tonicity, most pronounced over jaw and neck muscle, flexion of upper limb and extension of lower limb with absence of arching of back. His vitals sign shows a blood pressure of 154/110 mm Hg, heart rate 110 beats per minute, a respiratory rate of 22, an oxygen saturation of 99% under room air. We could not identify any recent wounds with eyeballing method. Neurological examination revealed hypertonia over all four limbs. Patient was electively intubated for airway protection prior transfer to tertiary hospital. During rapid sequence intubation, he required IV fentanyl 100mcg, IV midafentanyl 7mg (staggered dose), IV rocuronium 100mg and high dose sedation. Infectious team initiated tetanus immunoglobulin 500U, Metronidazole and IM ATT 0.5mls. Patient was subsequently admitted to ICU for through care.

DISCUSSION

This case strongly suggests generalized tetanus, supported by muscle spasms, rigidity, and trismus, along with a history of being migrant worker and poor immunization. Diagnostic challenges arise from conflicting symptoms that mimicking extrapyramidal side effects, meningitis and dental infection. The absence of recent wounds further complicates the diagnosis, as tetanus is typically associated with contaminated injuries. Differentiating these conditions is crucial, as treatments for each are very different. Early intubation in generalized tetanus is crucial to prevent fatal respiratory distress, as it can affect the muscles involved in breathing. The patient had six days ICU stay, was extubated on 30/4/2025, and discharged in stable condition after six days ward admission with no airway complications or autonomic crisis.

CONCLUSION

Tetanus is a clinical diagnosis with absence of confirmatory labatory test. Accurate history taking and recognition of key signs are crucial to prevent misdiagnosis. Tetanus is rare in Malaysia due to effective immunisation of newborns and pregnant mothers.

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keyword: tetanus, spasm, vaccination, emergency

