"TETANUS MIMICKER"

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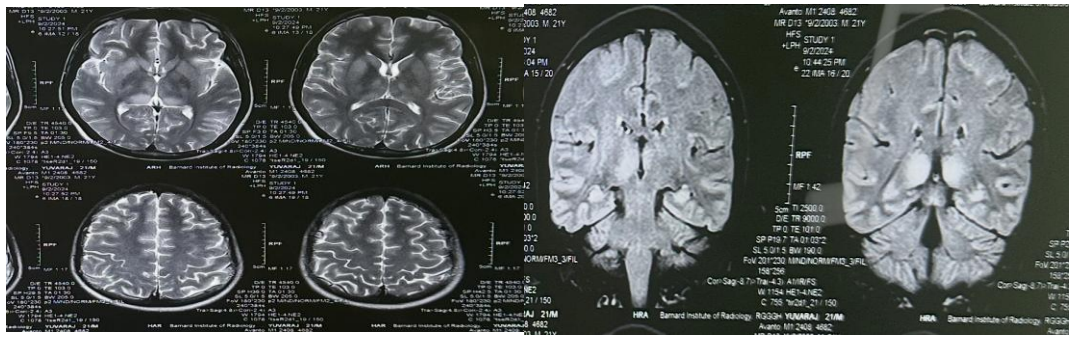
Background and Aims:

Movement disorders are usually a mimickers for more severe neurological presentations, A 23 year old male presented in casuality with intermittent muscle spasms,difficulty in walking,altered sensorium, trismus,drooling of saliva and risus sardonicus. Initially patient managed as a case of tetanus,resolution of spasms made suspicion of encephalitis as underlying cause of dystonia which mimicked tetanus. Blood investigation and CSF analysis were done.MRI brain with contrast showed T2/FLAIR non enhancing hyperinsity in bilateral thalamic and right basal ganglia. Acute dystonia is a close mimicker of tetanus. Any patient presenting with new onset movement disorder should be investigated for CNS infection even though it has been reported as a rare cause for the same.

Methodology: **23 years old male came with chief complaints of fever-5days,difficulty in walking-4days,inability to open mouth,associated with drooling of saliva + for 2days,h/o altered sensorium+,h/o RTA 2weeks back+,h/o inability to get up from the bed+,h/o neck weakness+**

He is alcoholic and occationally had substance abuse o/e patient was concious ,oriented,multiple abrasions seen over b/l shoulder,knees,feet,face,b/l PERL+,TRISMUS+,drooling with pooling of saliva seentone was increased in all 4 limbs,reflexes-brisk,b/l plantar-flexor,patient was initially diagnosed as a case of genaralised tetanus/acute menigoencephalitis patient treated with tetanus immunoglobulins,IV antibiotics including acyclovir,cefotaxime,vancomycin,metronidazole were give along with inj.diazepam investigations: blood investigations were normal,CT CHEST-aspiration, CT BRAIN-no significant abnormality,MRI brain with contrast study showed T2/FLAIR non enhancing hyperinsity in bilateral thalamic and right basal ganglia,CSF viral panel came as JE positive, patient continued with iv antibiotics he is symptomatically improved and discharged.



Results and discussion:in this patient MRI findings suggestive of encephalitis,csf viral panel showed JE POSITIVE. Movement disorders are characterised by abnormal or excessive involuntary movements that result in abnormal or excessive involuntary movements that result in abnormalities in tone, posture or fine motor control. Dystonia can occur due to static injury/structural disease of central nervous system: encephalitis, tumours, basal ganglia stroke, head trauma; metabolic disease: DOPA responsive dystonia, Wilsons disease; heriditary/neurodegenerative disorder: Retts syndrome, Niemann Pick disease; drugs/toxins,neuroleptics,antiemetics. Some of the well-defined presentations of acute dystonic reaction makes it a close differential diagnosis of Tetanus.Buccolingual crisis (trismus, risus sardonicus, grimacing), torticollic crisis (abnormal head or neck position), torticopelvic crisis (abnormal contraction of abdominal wall and hip musculature), opisthotonic crisis. In a case series reported, 5 patients among a subgroup of 50 patients with Japanese encephalitis had markedly severe dystonia. All the patients were males and their ages ranged from 6 to 19 years. Movement disorders appeared 1 to 3 weeks after the illness as level of consciousness started improving.

Conclusions: Movement disorders are frequent mimickers of serious neurological presentations like seizures, tetanus, tetany. CNS infection should be strongly suspected in any case of acute onset movement disorder. Inspite of newer investigation modalities, process of diagnostic modification and refinement is still the key to reach a final accurate diagnosis.