Case Study

Tetanus Neonatorum

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The morality of Tetanus Neonatorium is very high in spite of the availability of good medicines and medical personnel. We had come across a very interesting patient who escaped from the risk of Tetanus Bacilli.

Gopakumar (10-day old) was admitted in the isolation ward on March 5 with the complaints of refusing breast feeds.

History

The boy belongs to a poor family. He has eight sibilings in good health.

He was born at home. His mother stated that her previous deliveries were all normal, conducted at home.

According to his mother's report, baby was not able to suck properly and she thought it was due to thrush. So she gave some wine as a remedy, which is a native treatment for thrush. Soon she noticed stiffness of the body and spasm of the limbs and facial muscles. Only then she did realize the seriousness of the condition. The baby was immediately brought to our hospital.

Findings in OPD

The child was looking very ill. Mouth could not be opened (locked jaw), the head was retracted, the legs were extended and the back was arched (Episthotonus). Umbilical sepsis was present. Temp. was normal. He looked very dehydrated. A provisional diagnosis was made immediately as "Tetanus Neonatorium."

Management

As soon as the patient was brought in, he was received in a special, darkened corner room, prepared for the purpose. He was having continuous spasm and dysponea. Paraldehyde ½ cc I. M. was given immediately to relieve the spasm. Secretions from the mouth, throat and nose were sucked out with electric sucker. The baby was given oxygen inhalation. After 20 minutes the child was relaxed and the Ryles tube was passed without much difficulty. As the child was dehydrated, he was given breast milk 4 drams together with Phenobarbitone gr. ¼ through the tube. Injection A. T. S. 25,000 units was given after skin test. Umbilicus was dressed with g.v. 1%.

Laboratory findings

Blood

Total W. B. C; 22,600, Lymph: 23%; Eos: 2% : Poly. 75%; Toxic granulations were seen.

Treatment

1. Crgstalline Penicillin 1 lak 6th hourly for 12 days.
2. Phenobarbitone gr. ½ 8th hourly.
3. Mephenesin ¼ mg 6th hourly for 3 days.
4. Largactil syrup 5 mg 6th hourly orally.
5. Paraldehyde ½ cc I. M. P.R.N.
6. Phenobarbitone gr ½ I. M. P.R.N.
7. Multivit gtts V once a day.
8. Tonoferron gtts V once a day.
9. Umbilical cord dressing with G.V. ½% once a day.

After three days, child's condition improved considerably. He started to open his eyes and started to cry. Baby had spasm and rigidity only on disturbance. Gradually the sedations were discontinued. He was getting tube feeds every three to four hours. (2 ounces of breast milk, glucose solutions, fruit juice etc.) The child was able to take the breast feed from March 21.

Nursing Care

From the beginning the baby was handled with care. A quick sponge bath was given in the morning. Secretions were sucked out frequently. Mouth and nose were kept clean. Diapers were changed as needed. In order to avoid bedsore, the skin was kept clean and dry, and the position changed frequently. He was kept warm. Ryles tube was cleaned and re-inserted every 3 to 5 days.

Special Care

Special attention was taken to avoid the slightest interference which excited the spastic convulsions. Absolute silence was maintained. Even such apparently insignificant disturbances as a draught of cold air, the jarring of the bed, bright light, banging of doors and cold hands were avoided. A clear and adequate airway was secured. From March 23 child's condition improved dramatically except for the appreciable gain.

Teaching the Mother

The importance of both antenatal and post-natal care was stressed. The mother was advised to have hospital deliveries as far as possible. Proper instruction was given with regard to the management of home delivery, specifying the importance of cleanliness and asepsis during the conduct of a normal labour and thereafter. The parents were told to have the family immunized against tetanus.

The Horoscope

According to his parents, Gopkumar was born under an auspicious star horoscopically. They were really very anxious about the survival of the baby. I comforted them by saying that we will do the best and this way we won their confidence.

The baby was discharged on March 26 in good health. As his parents said good bye to us, we turned our grateful hearts to the Almighty.