

To the Editors:

Locally advanced breast cancer as a possible portal of entry in a patient with tetanus

Tetanus occurs primarily in persons who are unvaccinated or inadequately vaccinated [1]. We report an unusual case of tetanus possibly arising from infection probably originating from a fungating breast tumour.

A 60-year old woman presented to a surgical casualty unit complaining of pain of her lower jaw of 1 day duration. A large ulcer which appeared malignant with an underlying lump was discovered in her right breast (figure 1). Ten hours later she was re-evaluated. During this evaluation, her lower jaw pain had worsened and trismus had developed, and a clinical diagnosis of tetanus was made. She subsequently developed classical clinical features of tetanus. A careful examination failed to reveal a potential source of infection other than the ulcerated breast cancer, hence emergency mastectomy was performed to eradicate the source of infection. Wound flaps were left open. She



Figure 1. Ulcerated breast cancer in the patient.

eventually succumbed from uncontrollable autonomic disturbances.

It is essential to have a high index of suspicion for diagnosis of tetanus at its earliest stage, as tetanus is becoming a rare disease because of widespread immunisation and improved wound care. About half of patients with initial symptoms or signs may not be diagnosed as tetanus. The alternative diagnoses made in these instances were oromandibular dystonia, electrolyte imbalance, cervical dystonia, meningitis, meningoencephalitis, hypertensive encephalopathy, cerebral infarct, arthritis of temporomandibular joint and cerebral infarction [2, 3].

The classical port of entry of organisms are minor wounds though the entry site is not obvious in a proportion of patients. However septic abortions, dental caries, intramuscular injections, and middle ear infection also are known sources of infection [4].

References

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