

Tetanus in children **Yashika Jindal***

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Department of Biotechnology, Meerut
Institute of Engineering and Technology,
Meerut, U.P, India

***Corresponding author:** Yashika Jindal

✉ jindalyashika59@gmail.com

Department of Biotechnology, Meerut
Institute of Engineering and Technology,
Meerut, U.P, India.

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Opinion

Tetanus is a potentially lethal disease caused by *Clostridium Tetani*, a bacteria that produces the neurotoxic tetanospasmin, which attacks the central nervous system. Despite the fact that tetanus is virtually totally avoidable by vaccination, the illness has a high global burden. The global incidence of tetanus is still estimated to be one million cases per year, with a case fatality rate ranging from 20% to 50%.

The majority of tetanus cases are caused by a penetrating skin injury. The injury may be serious, but it is frequently minor, so medical attention is not sought. Ulcers, burns, gangrene, snake bites, septic abortion, childbirth, otitis media, intramuscular/intravenous injections, and surgery are all linked to tetanus.

There have been tetanus outbreaks linked to injuries caused by natural catastrophes such as earthquakes and tsunamis. The incidence of tetanus drops wherever immunisation programmes are in place, and the age distribution of case-patients shifts to reflect inadequate immunisation. Tetanus is still common in many impoverished nations due to a lack of effective immunisation regimens.

Tetanus toxoid for active immunisation, improved wound care management, and the use of Tetanus Immunoglobulin (TIG) for post-exposure prophylaxis and therapy have all helped to reduce the prevalence of tetanus, as well as its morbidity and mortality in industrialised countries.

Tetanus was found to be prevalent in the 2-6 year age range in this retrospective, descriptive analysis, which is consistent with prior regional investigations. Because males are more interested in outdoor activities than girls, there was a male majority in post-traumatic cases (7 out of 9, or 77.77 %).

Because otitis media is widespread in this age range, the otogenic route was exclusively confined to the 2-6 year age group. This age also sees the introduction of unclean fingers and contaminated things into the ears.

The majority of the injuries (6 out of 9, or 66.66 %) were to the

lower limbs (toe, sole, and shin), which is supported by other investigations.

Tetanus, unlike other infections, is fully avoidable by vaccination. Tetanus toxoid immunity is provided via a five-dose regimen. Tetanus booster immunisation is advised every 10 years for adolescents and adults.

The most prevalent presenting complaints were locked jaw/trismus, body stiffness/spasm, and dysphagia, which were similar to earlier research. As a result, if patients appear with any of these symptoms, regardless of trauma history, a high index of suspicion for tetanus should be exercised.

Tetanus patients frequently require a long stay in the ICU and a large number of medications. The longer the hospital stay, the better the outcome.

Tetanus causes autonomic dysfunction. It typically begins at the end of the first week of illness and lasts for 1-2 weeks. It is because of tetanus toxin's influence on the brain stem and autonomic interneurons. Although it is primarily caused by paroxysmal increases in sympathetic activity, which cause hypertension, tachycardia, and pyrexia, it can also be caused by parasympathetic overactivity, which causes hypotension and bradycardia, which can be exacerbated by heavy doses of benzodiazepines and other sedatives.

In terms of the outcome, tetanus has a death rate ranging from 20% to over 50%, according to several studies.