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PROFILE OF TETANUS IN CHILDREN AT CHILDREN HOSPITAL CHANDKA MEDICAL COLLEGE, LARKANA

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ABSTRACT

OBJECTIVE OF STUDY: *To see profile of tetanus in children.*
STUDY DESIGN: *Retrospective descriptive study.*
PLACE & DURATION OF STUDY: *This study was conducted at Children Hospital Chandka Medical College Larkana from January to December 2008.*
PATIENTS & METHODS: *Files of patients who had tetanus were used for data collection. Data regarding age, sex, immunization, place of delivery, cutting of cord, source of infection, clinical presentation and outcome was collected. SPSS (15V) software was used for analysis.*
RESULTS: *During study period 77 patients were admitted, of these 53 were neonates and 24 older children. Mean age of presentation was 7.8 days for neonates and 7.6 years for older children. There was male predominance, in neonatal age group 34 (64.15%) were males. All deliveries were conducted at home by traditional birth attendants in unhygienic conditions and none of mother was immunized against tetanus. Older patients did not receive routine immunization. In majority of neonates 42 (79.2%) blade was used for cutting of cord. Source of infection was umbilicus 53 (68.8%), wound 17 (22.1%), and discharging ear 7 (9.1%). Neonates presented with fits 42 (79.2%), lock jaw 27 (50%), refusal to feed (45.9%) and fever 21 (39.6%) while older children presented with lock jaw 21 (87.5%), fits 11 (45.9%) and fever 10 (41.7%). Mortality was quite high especially in neonates, 60.4% expired.*
CONCLUSION: *All deliveries were conducted in home in unhygienic conditions by traditional birth attendants. All mothers and older patients were non-vaccinated. Mortality was high especially in neonates. Mother and child care facilities should be provided at door step or near to home. Traditional birth attendants should be trained in safe child birth. EPI managers should review their present strategy of immunization so that immunization coverage can be improved. ICU and NICU facilities should be established in Paediatric Unit.*

KEY WORDS: Tetanus, Immunization, Delivery, Presentation, Outcome.

INTRODUCTION:

Tetanus is second leading cause of preventable diseases among children world wide[1]. The global incidence of tetanus is about 18 cases per 100000 populations per year with case fatality ranging from 20 – 50%[2]. Globally, an estimated 248000 neonatal deaths were caused by neonatal tetanus (NNT) during 1997[1]. Almost 11% (26400) of these NNT deaths were in Pakistan with an NNT mortality rate 5 per 1000 live births[1].

Tetanus, historically called lock jaw is an acute, spastic paralytic illness caused by clostridium tetani, a motile gram +Ve spore forming obligate anaerobe whose natural habitat is soil, dust and alimentary tracts of various animals[3]. Tetanus is clinically characterized by triad of rigidity, muscle spasms and if severe, autonomic dysfunction[4]. The diagnosis of tetanus is primarily clinical[3]. Symptomatic management, antibiotics, anti-convulsants and immunoglobulins are main stay of treatment. Tetanus is preventable through immunization. Advisory committee on Immunization Practices (ACP) has laid down guidelines for tetanus prophylaxis in routine wound management[5]. Maternal and neonatal tetanus can be prevented by hygienic practices during child birth, maternal immunization during pregnancy and supplemental immunization to women of child bearing age. In 1989 the World Health Assembly called for elimination of neonatal tetanus[6]. UNICEF, WHO, United Nations Population Fund (UNPF) set the year 2005 as the target date for