Infectious Diseases

654. Still Fighting with Tetanus
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Introduction: Even in the present era we are still fighting with tetanus despite well publicised and practised immunisation programmes. Tetanus toxoid is given to antenatal mothers, to all pre operative cases which has definitely brought down the incidence of tetanus, but still we received 40 cases in the last 3 years. None of these patients give h/o prior immunisation.

Material and Methods: This is a study of clinical profile, complications, changing management with the help of advanced acute care techniques and the outcome of the same. The patients were evaluated for the i) type of injury, ii) severity of disease, iii) complications of tetanus per se, iv) those related to assisted mechanical ventilation.

Treatment Modalities: In addition to intensive care the patients were treated with I/V tetoglobin as well as intra thecal tetoglobin wherever indicated.

Results: There were 36 males and four females in the age group of 15-60 years. 93% of the patients were in the age group of 15-35 and 7% above the age of 35 with only one being 60 years old. 50% of the patients presented with grade III and grade IV tetanus none of the patients had the classical tetanus prone crush injury. 53% of patients did not give any h/o injury. 92% of cases required assisted ventilation. Mortality was 25% despite of all efforts. Ventilator associated complications were seen in 28% of cases.

Conclusions: i) Tetanus can occur even with trivial injury, ii) Most of our patients presented with moderately severe disease wherein the intra thecal tetoglobin couldn’t be given, iii) One has to be aware of autonomic strom. Inspite of excellent critical care, ventilatory associated pneumonia, septicemia remain to be the dreaded complications, iv) It is also interesting to note that forensic medicine dept. does not carry out autopsies of tetanus patients.

655. CT - Guided Extrapleural Subcarinal Lymph Node Biopsy
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Objective: Subcarinal adenopathy is a common problem in India and often a diagnosis is not made clinically. We present our data using CT-guided extrapleural subcarinal lymph node biopsy.

Material and Methods: Spiral CT guidance was used for sequential passage of a co-axial needle (20G) by injecting saline mixed with lignocaine into the extrapleural space for separating the mediastinal pleura from the thoracic spine in prone position. We performed the biopsy on 192 patients over a period four years, in the age group of 40 to 50 years. Post-procedure scans were performed to look for complications, if any.

Results: Technical success (i.e. the ability to obtain adequate material) was 100%. Histopathological and microbiological results (where relevant) were obtained. The diagnoses were as follows: non-caeseating granulomatous disease (111 patients - 58%), tuberculosis (26 patients - 14%), sarcoidosis (21 cases - 11%), lymphoma (17 patients - 9%) and metastases (8 patients - 3%). No diagnosis was possible in 9 patients. Ten patients had complications: minimal pneumothorax (7 patients) and severe pain at the site due to intercostal nerve injury (3 patients).

Conclusion: CT-guided extrapleural subcarinal lymph node biopsy is a good way of obtaining a diagnosis in patients with a clinically equivocal diagnosis.

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