

Abstract

Background Botulism is a rare, potentially life threatening neuroparalytic syndrome caused by a neurotoxin produced by the *Clostridium botulinum*. It is classically present as acute onset bilateral cranial neuropathies associated with symmetric descending paralysis and may progress to respiratory arrest. Diagnosis can be made with Mouse inoculation test for Toxin in serum, stool or vomitus or isolation of *C. botulinum* in stool, wound or food source. Administration of botulism antitoxin is the only specific treatment available.

Case presentation This is a case of 49 year old previously healthy patient admitted with nausea, vomiting, loose stools and abdominal discomfort following canned fish ingestion. Examination revealed symmetrical cranial neuropathy with descending type of paralysis without sensory involvement or change in sensorium. Diagnosis was made as Botulism with clinical background and supportive evidence from electrophysiological examinations including repetitive nerve stimulation test. Continuous supportive care was given in the absences of Botulinum antitoxin and complete neurological recovery achieved within three months.

Conclusion Even though it is rare, patient with clinical evidence suspicious for Botulism should be hospitalized immediately and need to treat with Botulinum antitoxin as soon as possible as it is ineffective once the toxin binds to neuromuscular junction. Any type of Botulism usually requires hospitalization for one to three months. Prompt identification of impending respiratory failure and continuous supportive care can reduce the mortality.