

## **Abstract**

Tetanus is a neurological condition marked by muscle spasms, which is typically caused by the toxin-producing bacterium *Clostridium tetani*, commonly found in soil. Clinical features of tetanus and its association with traumatic injuries are well-documented and it remains a significant public health concern in numerous developing nations. In Sri Lanka, the incidence of tetanus is quite low, and successful immunization programs have brought it close to elimination.

Nevertheless, the elderly population is still vulnerable to tetanus due to some not having received primary immunization.

The initial symptoms of tetanus, which include trismus (lockjaw), muscle spasms, stiffness, fever, and difficulty swallowing, may be observed in patients. However, because tetanus is relatively uncommon, clinicians might not always consider it as a potential diagnosis when presented with these symptoms. In this case, we describe an elderly man who developed typical tetanus symptoms 12 days after a nail prick injury, despite having received a tetanus toxoid vaccination three years earlier.

The patient received care in the ICU, where he was administered intravenous antibiotics, muscle relaxants, respiratory support via endotracheal intubation and mechanical ventilation, intravenous immunoglobulin therapy, and various forms of organ support. After a three-week ICU stay, the patient was discharged with mild spasticity, and within three months, he had fully recovered.

## **Key words**

Tetanus, Trismus, *Clostridium tetani*