TETANUS IN A BUCK AND ITS EFFECTIVE TREATMENT: A CASE REPORT

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ABSTRACT

A four-month-old buck was presented to the large animal clinic, out patient medical unit, Madras Veterinary College Teaching Hospital with symptoms of erect ears and rigid limbs. The buck was tentatively diagnosed as tetanus based on clinical signs and then confirmed by staining techniques. Though prognosis is grave for tetanus, the case was successfully treated with tetanus anti-toxin, antibiotics and electrolytes and the buck became normal.

KEY WORDS: Tetanus, Buck, Diagnosis and Tetanus anti-toxin

INTRODUCTION

Tetanus an infectious disease caused by the toxins of *Clostridium tetani,* is characterized by increasing muscular rigidity and death in affected animals. This condition occurs in all farm animals, mainly as sporadic cases (Herd and Riches 1964; Ramsay 1973). Infection occurs as a result of contamination of wounds or enclosed cavities by the spores of *C.tetani*. In anaerobic conditions these spores convert to the vegetative forms, capable of producing toxins (Timoney *et al.,* 1988). Tetanus in buck mostly occurs due to infections following improper sterile procedure advocated during castration and vaccination (Radostits *et al*., 2008). The present paper reports tetanus in a buck and its successful therapy.

CASE HISTORY AND CLINICAL OBSERVATIONS

A four-month-old buck was presented to the large animal clinic, out patient medical unit, Madras Veterinary College Teaching Hospital with the history of wound on head and right fore limb. Clinical examination of the buck revealed all physiological parameters (heart rate, respiration rate and rectal temperature) within the normal range. However the clinical signs manifested by the buck were anorexia, hypersensitivity to touching, erect ears and rigid limbs.

DIAGNOSIS AND TREATMENT

Based on history and clinical manifestations the case was tentatively diagnosed as tetanus. Subsequently wound smear was taken, stained with Gram's method for confirmation. The wound was flushed with hydrogen peroxide to remove hair, dirt and other debris from it. The buck was administered tetanus anti-toxin-0.5ml (5 Lf), two doses at 12 hourly intervals. The supportive therapy comprised, Inj. Fortified Procaine penicillin 10,000 IU/Kg, i/m, and Inj. Dextrose Normal Saline (5% Dextrose and 0.9% Normal Saline) 100 ml i/v for three consecutive days.

RESULTS AND DISCUSSION

The buck showed remarkable recovery after this treatment schedule i.e. consecutive three days of Procaine penicillin therapy with two doses of tetanus anti-toxin. From the 4th day post treatment, buck stopped showing symptoms of hypersensitivity to touching, the ears and limbs became normal. Early treatment of tetanus helped in remarkable recovery as has been advocated in the present case, which corroborates with the findings of Johnson and Edwards 1996).

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