

Teaching Video NeuroImages: Cephalic tetanus

Not every facial weakness is Bell palsy

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Figure Clinical examination at presentation



(A) Left frontal laceration prior to debridement and (B) left upper and lower facial weakness.

A 54-year-old Brazilian woman with unknown immunization status presented with unilateral facial weakness and trismus 1 week after facial trauma. Examination revealed left frontal laceration, left upper and lower facial weakness, and trismus (figure and video). CT of the head and face were unremarkable. She was diagnosed with cephalic tetanus and treated with tetanus immunoglobulin and active vaccination, metronidazole, and supportive care. The wound was debrided and 2 wooden foreign bodies were collected.

Cephalic tetanus accounts for 1% to 3% of all tetanus cases. These patients typically present with trismus and cranial nerve dysfunction—generally the 7th, but also the 3rd, 4th, 6th, and/or 12th—following injury to the ipsilateral face.

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Despite its rarity, cephalic tetanus should always be considered in patients presenting with trismus and facial weakness following trauma, especially in developing countries and in the elderly.^{1,2}

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Disclosure

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Appendix Authors

Name	Location	Role	Contribution
Fábio A. Nascimento, MD	Baylor College of Medicine, Houston, TX	Author	Designed study, analyzed the data, drafted the manuscript

Appendix (continued)

Name	Location	Role	Contribution
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