



# 4/22/26 Morning Report with @CPSolvers

“One life, so many dreams” Case Presenter: Hafsa Saeed (@) Case Discussants: Sharmin (@) & Krithika (@)  
<https://clinicalproblemsolving.com/present-a-case/>



Scribing (Vale)  
**CC:** Difficulty breathing and jaw pain  
**HPI:** 35yo male with one week of difficulty breathing and 1 day of jaw pain. He reported a history of progressive SOB, chest tightness, restlessness and air hunger. 1 day prior to presentation he had sudden onset jaw pain, inability to open his mouth or swallowing food. Jaw pain progressed to painful spasms with inability to fully open his mouth. Enroute to the hospital his family stated he developed generalized muscle rigidity w episodic painful spasms lasting few minutes during which he maintained consciousness. He previously presented to an outside hospital and was presumed to have an acute surgical abdomen following an US and was referred to us when a NGT tube was inserted, abx were initiated.

**ROS:** generalized muscle rigidity with spasms, no headache, dizziness, LOC, joint swelling, n/v, urinary symptoms or skin/hair changes.

**PMH:** None  
**Meds:** None

**Fam Hx:** Unremarkable  
**Social Hx:** No recent travel. Farmer. Drinks alcohol, no smoking or substance use.  
**Allergies:** None

**Vitals:** T: 36.9 HR: 107 BP: 136/68 RR: Sat: 92% BMI:  
**Exam:** **Gen:** Young male, appeared to be in distress, grimace like appearance, mildly dehydrated.  
**CV:** normal heart sounds, no murmurs.  
**Pulm:** Obvious distress, reduced air entry bl.  
**Abd:** generalized rigidity without tenderness, no rebound.  
**Neuro:** he was alert, GCS of 15 and normal speech and language. Neck stiffness but (-)kernig and (-)Brudzinski. Generalized increased muscle tone/hyperreflexia however power was preserved in both upper and lower limbs, pupils were bilaterally equal and reactive to light.  
**Extremities/skin:** stiff rigid posture, tenderness and stiffness of the back muscles, bl locking of temporomandibular joint w tenderness, no swelling. Penetrating wound in the sole of his foot.

**Notable Labs & Imaging:**  
 Labs were not done due to financial constraints. He was given benzodiazepines and started on high flow oxygen. Few hours into his admission he developed high grade fever (T 38 C), HR 114, RR 24, BP 154/88, SpO2 88-93% on RA.

He developed spasms despite medication, characteristic arched back and flexed arms. Spatula test was positive. He was started on ceftriaxone and metronidazole, chlorpromazine and continued on diazepam. He received tetanus immunoglobulin and vaccine. Follow up 2 weeks later showed resolution of his symptoms.

**Dx: Tetanus**

**Problem Representation:** 35yo w/ recent penetrating wound p/w acute SOB and generalized muscle rigidity. Exam showed hyperthermia, tachycardia, rigid posturing and spatula test positive.

**Teaching Points (Hans)**  
Difficulty breathing: dyspnea pyramid young pt(bad behaviour e.g. drugs cocaine, genes diaphragm)  
Jaw pain and trismus: TMJ, bruxism, infections hypocalcemia, ask fo vaccination status (tetanus),pt is a farmer, pathogens from soil.  
Neuromuscular spasms,rigidity: as above look at meds, e.g. SSRIs electrolytes consider protecting the airway, for tetanus toxoid IVIg, IV Mg if tetanus antibiotics

HIGH GRADE FEVER AND HTN: MIST toxin mediated instability 2/2 to infection.

Arched back and flexed arms: characteristic of tetanus  
**Tx:** ceftriaxone and metronidazole.

Spatula test: touch back of the mouth w/ a tongue depressor. This triggers a spasm 98 to 100% specific for tetanus.