

UNCOMMON CAUSE, SEVERE CONSEQUENCES: A CASE REPORT OF TETANUS FROM MALIGNANT BREAST MASS

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BACKGROUND

Tetanus, a life-threatening disease caused by *Clostridium tetani*, remains a concern in areas with low immunization coverage. Spores typically enter through wounds, burns, or trauma. We report the 1st case of tetanus arising from a necrotic breast tumor in the Philippines.

CLINICAL PRESENTATION

We present a case of a 44-year-old Filipino woman with a four-day history of progressive dysphagia, trismus, and spontaneous spasms in her neck and abdomen. Her vaccination record was unknown.

On examination, she had a 10×10 cm necrotic breast mass with foul-smelling greenish discharge, covered with leaves, dung, and unidentified substances.

She was managed as a case of tetanus. A tracheostomy tube was inserted, and she received 500 IU human anti-tetanus immunoglobulin and 0.5 ml tetanus toxoid. Intravenous metronidazole (500 mg q6h) and ceftriaxone (2 g q24h) were started for *C. tetani* and wound infection coverage. Diazepam was given to control spasms. She eventually improved and was discharged.



Figure 1. Fungating breast mass with foul-smelling discharge in a patient diagnosed with tetanus ascribed to be the portal of entry for *C. tetani* spores.

DISCUSSION AND CONCLUSION

Tetanus is marked by severe neurological, cardiovascular, and respiratory complications, along with physical and psychological effects. It manifests as trismus, dysphagia, and muscle spasms. Common sources include chronic wounds and contaminated traumatic injuries. There are no known data on tetanus in breast cancer patients. In this case, “traditional” methods of treatment on the necrotic mass may have introduced *C. tetani* spores. The tumor's anaerobic environment likely facilitated toxin production.

This case underscores the importance of timely tetanus prevention through vaccination, early wound care, and patient education, especially in underserved areas where traditional remedies are common and access to healthcare is limited.