Teaching Video NeuroImages: Cephalic tetanus as a pseudodystonic emergency

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Figure Electromyogram

Electromyogram recorded from the masseter and frontalis muscles showing (A) continuous spontaneous motor unit action potentials in resting state and (B) loss of silent period with mechanical tap of the jaw.

A 58-year-old woman was admitted because of paroxysmal painful spasms of the cranio-cervical muscles (video 1 on the *Neurology*[®] Web site at www.neurology.org). Electromyogram showed abnormal continuous ac-

tivities in resting state and loss of silent period (figure). Two days after admission, she suddenly developed severe laryngospasm, requiring bedside emergency tracheostomy.^{1,2} We administered IM

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tetanus immune human globulin for neutralization of unbound toxin, IV ampicillin/sulbactam and metronidazole for management of underlying *Clostridium tetani* infection, and midazolam for controlling of muscle spasms. Two months later, typical tetanic spasms of unknown cause were completely resolved (video 2).¹ Although tetanus has become a rare disease in developed countries, the recognition and prompt management of tetanus is essential to prevent life-threatening consequences.^{1,2}

AUTHOR CONTRIBUTIONS

Dr. You: drafting/revising the manuscript, study concept or design, acquisition of data. Dr. Kim: analysis or interpretation of data, acquisition of

data. Dr. Jang: analysis or interpretation of data, acquisition of data. Dr. Lim: analysis or interpretation of data, acquisition of data. Dr. Chung: drafting/revising the manuscript, study concept or design, analysis or interpretation of data, contribution of vital reagents/tools/patients, acquisition of data, statistical analysis, study supervision.

DISCLOSURE

Dr. You, Dr. Kim, Dr. Jang, and Dr. Lim report no disclosures. Dr. Chung serves as Assistant Editor for the *Journal of Clinical Neurology*.

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