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 activities in resting state and loss of silent period with mechanical tap of the jaw. Two days after admission, she suddenly developed severe laryngospasm, requiring bedside emergency tracheostomy.1,2 We administered IM
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). Although tetanus has become a rare disease in developed countries, the recognition and prompt management of tetanus is essential to prevent life-threatening consequences.

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
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