Infantile Botulism: One of the Multiple Etiologies of Acute Hypotonia in Infancy

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Abstract
Infant botulism is an uncommon disease with a challenging diagnosis which is often confused with other diseases. This is a report of a case of infant botulism with no history of honey ingestion and responds well to equine immunoglobulin due to the low prevalence and importance of the mentioned disease

Case Report
Our patient was a 1-year-old infant who had been admitted to another center with a diagnosis of meningitis/encephalitis. It was decided to send the patient to an equipped center because the patient had no sign of recovery and thus was transferred to the pediatric intensive care unit of our center. In addition, he was hospitalized due to severe weakness and poor feeding in the previous center. The patient underwent a thorough evaluation and physical examination after being transferred to our center. Further, the infant was conscious while he had an expressionless face and bilateral ptosis. Furthermore, his crying was weak, and the inability of controlling the neck was noted when he was in his mother's arms. Moreover, he had no gag reflex by examining the pharynx and, in general, he suffered from hypotonia. Similarly, he had been constipated for the past few days. Laboratory tests were normal, including complete blood count differential, erythrocyte sedimentation rate, and C-reactive protein. Additionally, the analysis of cerebrospinal fluid (CSF) was normal, and CSF, along with blood and urine cultures was negative. Accordingly, antibiotics were discontinued based on the negative results of cultures. The patient's chest radiograph was also normal. Fortunately, the patient needed no respiratory support during the hospitalization. Performing electromyography-nerve conduction velocity was impossible in our center. Following the strong clinical suspicion and the initial diagnosis of infant botulism, treatment was began with equine antitoxin due to the lack of Baby-BIG in our country. In addition, stool samples were sent for botulinum toxin detection which was positive for C. botulinum toxin type B. The initial complaints were gradually resolved after receiving two doses of equine antitoxin. Further, the patient was transferred to the pediatric ward after reducing hypotonia and improving ptosis relatively and returning gag reflex
and improving nutritional status. Finally, he was relieved in a good general condition after about three and a half weeks of hospitalization.

**Discussion**

*Clostridium botulinum* is a gram-positive spore-producing organism which can produce seven types of toxins under anaerobic conditions, and 90% of cases occur with A and B toxins. The risk factors of infancy botulism are honey ingestion, breastfeeding, and reduced gastrointestinal time (i.e., less than once a day). Our patient was breastfed and had constipation but no history of honey intake before hospitalization. So far, there has been no evidence of increasing the severity of the disease following breastfeeding, rather breast milk can reduce the onset of infant botulism and the risk of sudden infant death following botulism. However, the collection of signs and symptoms in a patient can suggest the diagnosis of infant botulism although there are several differential diagnoses for the patient that must be evaluated and discarded before confirming the diagnosis of botulism. Furthermore, infant drowsiness can be confused with infection and sepsis in the case of infant botulism, which is mostly a diagnostic error. The complete improvement of clinical symptoms in infants may take several weeks, and full recovery in muscle weakness and tone is expected over time.

**Conclusion**

In general, a strong clinical suspicion is required for the diagnosis of infancy botulism, which should be taken into consideration in any infant who presents with constipation, poor feeding, muscle weakness, and ptosis, and then specific tests should be used to confirm the diagnosis. Eventually, specific botulinum immunoglobulin should be applied for treatment prior to laboratory confirmation.

**Authors’ Contribution**

RA: Study design, management, and supervision. PS: Reading and arrangement of the final manuscript.

**Ethical Approval**

The study was approved by the Ethics Committee of Alborz University of Medical Sciences, Karaj, Iran.

**Conflict of Interest Disclosures**

The authors declare that they have no conflict of interests.

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