

TOXICOLOGY & APPLIED PHARMACOLOGY

October 15-16, 2018 | Las Vegas, USA

A 10-year study on clinical prognostic factors in foodborne botulism

Bitā Dadpour, Sara Saeidi Shahri, Lida Jarahi and Anahita Alizadeh Ghamsari
Mashhad University of Medical Sciences, Iran

Background: Botulism happens sporadically or in outbreaks in Iran. This study has been performed to assess the potential prognostic indicators in cases with clinical diagnosis of foodborne botulism during the study period.

Methods: All medical records from patients admitted to Imam Reza(p) Hospital during the period from May 2005-2015 was subjected to statistical analysis retrospectively.

Results: 61 botulism cases were included; of them, 33(54.1%) were female. Mean age was 28.93 ± 19.14 years. 29(47.5%) of cases had a history of consumption of commercially produced foods prior to the onset of clinical manifestations. All cases received antitoxin. 4(6.6%) of cases died; Drooling was correlated with the need to mechanical ventilation and intensive care unit (ICU) admission and also it increased the length of ICU stay significantly (P value=0.024, 0.005, 0.000 respectively). Time elapsed between the onset of symptoms and receiving antitoxin was correlated with the occurrence of dysphagia, constipation and blurred vision (P value<0.05). Among all factors, general weakness and undergoing mechanical ventilation affected mortality status significantly (P value=0.046, 0.010 respectively). Risk of dysphagia was remarkably higher in cases that had ptosis ($p=0.039$, Odds ratio:3).

Conclusion: Although botulism is rare, it is lethal. Some clinical parameters such as general weakness might be associated with poor outcome. While in this study, time elapsed between the onset of clinical manifestations and antitoxin administration was correlated with the occurrence of dysphagia, constipation and blurred vision, early treatment did not show any benefit in the prognosis. Drooling was a key symptom which increased the need to mechanical ventilation and ICU admission and prolonged length of ICU stay as well; therefore paying close attention to clinical signs and symptoms upon a patient's arrival is necessarily important and of course, is a key to better management in the emergency setting.

Frisetareh@yahoo.com

Notes: