7 PHOTOQUIZ

November Photoquiz (above, left). A 25-year-old male presented with a history of acute onset of profuse, watery diarrhoea with flecks of mucous and no blood (as seen in the figure, left). What is your differential diagnosis and how would you manage this patient? Please send an email to kerriganm@nicd.ac.za with the words 'November Photoquiz' in the subject line.

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October (below, left). This 3 year-old-child presented with spasms, stridor and hypoxia. The photograph illustrates the child in 'opisthotonus' - the classic hyperextended position adopted by persons with tetanus. Tetanus is caused by the toxin produced by the organism *Clostridium tetani*, and leads to neuromuscular spasms. The diagnosis of tetanus is based on clinical presentation. There are no confirmatory laboratory tests. Adults and children present with 'lockjaw' followed by neck stiffness, difficulty swallowing, muscle spasms, sweating, and fever. Infants with neonatal tetanus stop sucking between three and 28 days after birth. They develop rigidity, spasms, apnoea and then death. Tetanus is often preceded by a wound infection, or in neonates, follows the practice of daubing the umbilicus with material contaminated with *C. tetani.* Tetanus is fully preventable by immunisation of children, provision of adult boosters, and immunisation of mothers during pregnancy.