CONCLUSION
CONCLUSIONS

From the present study following conclusions can be drawn—

1. Tetanus incidence was 1.06% of total admissions in K.I.I.M. Medical College, Jhanai from June 1967 to May 1968. The mortality rate was 8.52% of total hospital deaths.

2. Out of total 225 tetanus patients, maximum patients were adults (38.22%), children and neonates were 32.89% and 28.89% respectively. Highest mortality was neonatal group (69.23%) and lowest in children (17.37%).

3. The disease was found to be more common in males than females (2.32:1) but mortality was high in females than in males (46.41%, 35.42%).

4. Patients were mostly from rural areas (93.33%).

5. Incidence of tetanus neonatorum is more in rainy seasons.

6. Maximum cases were of lower socio-economic status 55.56% with highest mortality (56%).

7. High incidence was found in farmers, students, labourers and housewives. Labourers were having highest mortality (75%).

8. The commonest mode of infection was trauma (48.84%) in adults and (32.33%) in children with high mortality 51.86% in adult and 38.64% in children.

9. In children 32.33% cases were having otogenic infections. In 21.62% cases aetiological factors remained unknown.
10. All tetanus neonatorum cases were delivered at home by untrained eye or daid and cord was cut by unboiled shaving blades in maximum cases (67.74%).
11. Mustard oil and cowdung ash were applied on stump of neonates in 16.92% and 12.31% cases respectively.
12. None of patients was immunized properly.
13. Majority of patients were having symptoms of lock jaw, neck rigidity and dysphagia.
14. Mortality of tetanus increased with severity of convulsions.
15. Higher mortality was present in cases where temperature was raised.
16. It is concluded that shorter the incubation period (less than 7 days) higher was the mortality (39.60%). In more than 28 days only (1.99%) mortality occurred.
17. Shorter the period of onset (less than 24 hours) higher was the mortality (73.60%). In more than 96 hours period of onset mortality was 20.00% only.
18. Lesser the duration of symptoms before admission higher was the mortality in tetanus.
19. Majority of patients were admitted with severe grades. The higher grades greater was the mortality. In cases of grade IV and V 100% mortality occured when T.I.G. was used intramuscularly while 57.69% and 82.50% mortality occurred when T.I.G. was used intrathecally in cases of grade IV and V respectively.
20. No adverse reactions were noted while using T.I.G. intrathecally proving its safety and superiority. Better prognosis in intrathecal T.I.G. in comparison to intramuscular route was observed. Intrathecal route is economical also as lesser dose is required.

21. It is concluded that higher the dose of intrathecal T.I.G. better the prognosis as more toxins are neutralized.