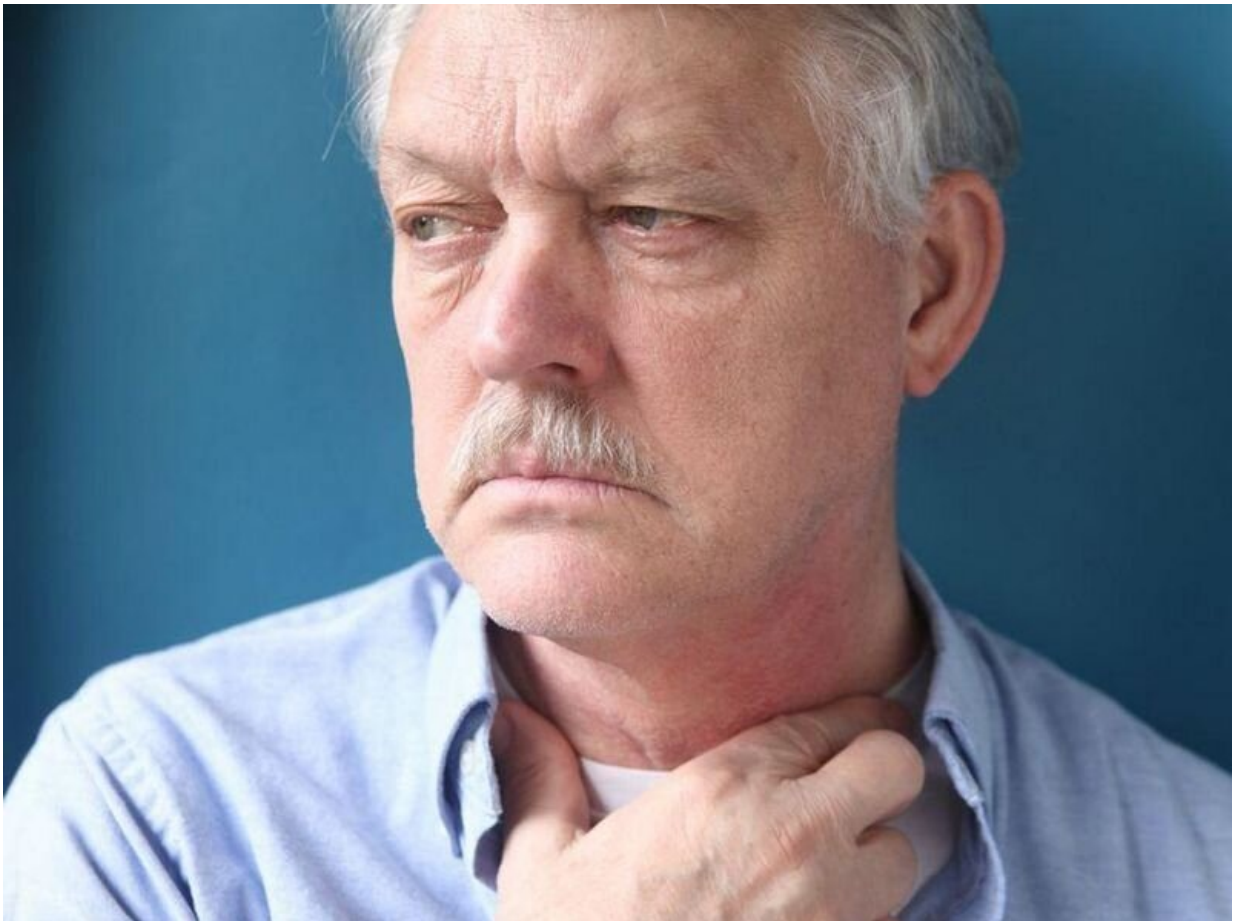


Guidelines developed for diagnosing, treating botulism

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(HealthDay)—In new evidence-based clinical guidelines published in the

May 7 issue of the U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*, recommendations are presented for diagnosing, monitoring, and treating botulism.

Agam K. Rao, M.D., from the CDC in Atlanta, and colleagues present recommended [best practices](#) for diagnosing, monitoring, and treating single cases or outbreaks of botulism. Botulinum neurotoxin is produced by the anaerobic, gram-positive bacterium *Clostridium botulinum*, and, rarely, by related species.

The authors note that botulism is a rare, neurotoxin-mediated disease, which begins with cranial nerve palsies and may progress to extremity weakness and respiratory failure. Physicians should be aware of the spectrum of signs and symptoms of botulism and that the respiratory system could be compromised early in illness. Regardless of the exposure route (ingestion of toxin, bacterial colonization of a wound or the intestines, and high-concentration cosmetic or therapeutic injection of toxin), neurologic symptoms are similar. Treatment includes supportive care, intubation and mechanical ventilation, and botulinum antitoxin administration. Signs and symptoms of some neurologic diseases overlap with botulism; botulism should be considered when [myasthenia gravis](#) or Guillain-Barré syndrome are suspected and in patients with unexplained symmetric cranial nerve palsies. Thorough, serial neurologic examinations should be conducted to detect the neurologic deficits of botulism and their progression.

"Clinicians, hospital administrators, state and local health officials, and planners can use the recommendations in these guidelines to assist in developing crisis protocols for national preparedness for botulism events ranging from sporadic (single) cases to large outbreaks," the authors write.

More information: [Abstract/Full Text](#)

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