Accidental Botulism Poisoning: A Case of Pickled Herring

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INTRODUCTION

Botulism is a rare cause of neuromuscular weakness that presents a diagnostic challenge in the face of respiratory collapse.

Pupil and bulbar paralysis aid prompt recognition and treatment, as clinical confirmation can be time intensive and limited by sample integrity. Early treatment can halt paralysis and prevent ICU and ventilator days.

CASE DESCRIPTION

A 74-year-old male with hypertension and DVT presented with acute weakness and respiratory failure after three days of cough and diarrhea. Upon ICU admission for mechanical ventilation, we discovered sluggish pupils, mild ptosis, and proximal muscle weakness. Symptoms then progressed to unresponsive pupils, complete ptosis, and complete paralysis.

While we suspected a neuromuscular cause, no single cause was identified despite extensive workup and neurology consultation. Our differential was narrowed after electromyogram (EMG) demonstrated a pre-synaptic defect, indicating either Lambert Eaton or Botulism as culprits. Empiric treatment with botulism anti-toxin resulted in clinical improvement of ptosis and proximal weakness.

While ventilated, he wrote of recent pickeled herring ingestion, possibly left unrefrigerated for a week. He ultimately received tracheostomy and transfer to long-term assisted care, and at discharge stool and serum testing for botulism toxin was still pending. While state-run testing finally returned negative, his illness was ultimately attributed to accidental botulism poisoning.

REFERENCES

