



Rabies: A Case Study

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ABSTRACT

Rabies is a viral disease that causes inflammation of the brain in humans and other mammals producing symptoms like fever and tingling at the site of exposure, nausea, vomiting, violent movements, uncontrolled excitement, fear of water, an inability to move parts of the body, confusion, and loss of consciousness¹

Keywords: Mammals, Rabies, Humans

1. INTRODUCTION

An estimated 59,000 human deaths occur annually due to rabies in the world, and 99% of this global mortality is attributed to the transmission of the virus through dog-bites. The disease is endemic in Asia with India reporting the highest number of human deaths within the region, primarily amongst people from rural areas with poor socioeconomic backgrounds.² However; the true public health impact of rabies in India is unknown due to a lack of accurate data. A gross lack of awareness about the disease is one of the prime factors that lead to underreporting of human mortality due to rabies. As most rabies prevention centers in India are located in urban areas, one would expect lower exposure and higher treatment seeking behaviour against rabies in the urban compared to the rural population.³

2. CASE PRESENTATION

A 39 year old female, housewife visited IGMC Shimla with history of dog bite on face- right eyelid on 29 March, 2022 post rabies vaccine (3 doses) with chief complaints of fever, malaise, difficulty in walking and difficulty in swallowing food and liquid. She was experiencing this condition from past one day.

PAST MEDICAL HISTORY

There was no significant past medical history

3. SPECIAL INVESTIGATIONS

ABG analysis was done. At that time patients partial pressure of oxygen was 186.3mmHg which was beyond the normal range.

Lumbar puncture was done for CSF examination and after the procedure patient suffered from tachypnea.

4. TREATMENT

Oxygen therapy through ventura mask with Fio₂ = 60% @8-10L/min.

Inj. Ceftriaxone 2gm BD

Inj. Pantop 40mg

Inj Perinorm 10mg

Inj. Lorazepam4mg

5. INTERVENTIONS

Drug given to the patient through Ryle's tube after 30 minutes of feed.

Vital sign was assessed and recorded

6. CARE PLAN

Supportive care was provided

Proper diet was provided

Health Education was given

7. OUTCOME

Prognosis was very poor and patient got intubated. Patient was put on VC-SIMV mode of ventilation.

8. DISCUSSION

Patient was suffering from dysphagia due to brachial GBS and pyrexia due to orbital cellulitis and rabies encephalopathy. The prognosis of disease was poor and was put on ventilator. Patient showed no improvement and got died on 26/4/2022.

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