Survival of a Rabies Patient

A 13-year old girl was bitten by a dog two years ago, grade II bite on right leg. The same dog had also bitten 3 cattle and 2 other persons, subsequently the dog was killed. All the 3 cattle died and 2 other persons received post-exposure prophylaxis and did not have any problems afterwards. However, our patient did not receive any post-exposure prophylaxis and there was no history of receiving rabies vaccine any time in past. The patient was admitted in the Pediatrics ward of our hospital, 2 years after the bite, with the complaints of bodyache, inability to drink and hydrophobia. The patient was a febrile and had stable cardiopulmonary status. She was also experiencing pain in the healed scar at the site of bite. The patient was anxious and apprehensive but alert, with tone and power of muscle being normal, the deep tendon reflexes were brisk. There was no evidence of cranial nerve palsy, focal neurological deficit or signs of meningeal irritation.

There is no specific treatment available for rabies and supportive treatment may prolong survival up to 133 days [1]. Survival from rabies is rare, there are six cases of rabies survival reported in literature [2]. The pathognomonic sign of rabies is hydrophobia. Clinical reports included the hypothesis that death resulted from neuro-transmitter imbalance and autonomic failure, supportive care was predicted to succeed [3].

Our patient became symptomatic after an unusual long incubation of 2 years. Nicholas, et al. reported a case of rabies with an incubation period of more than 6.5 years [4]. The Milwaukee protocol has been used in treatment of acute infection of rabies in human beings, the treatment involves putting the patient in to a chemically induced coma and administering antiviral drugs [3]. However, our patient recovered with supportive treatment only, without any residual deficit. The patient was diagnosed rabies clinically on the basis of hydrophobia and confirmed by demonstration of Rabies Antibodies in serum (EIA-1.6 IU/mL).

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REFERENCES