

Generalized weakness

Decrease in spontaneous movements

Diminished or absent deep tendon reflexes

Loss of head control

Poor feeding

Weak cry

Reduced gag reflex

Progressive respiratory paralysis

*Most commonly diagnosed as “rule out sepsis” in the acute phase because of clinical presentation. Sometimes may be misdiagnosed as spinal muscular atrophy or metabolic disease.

Human botulism is caused by neurotoxins A, B, E, and rarely F (American Academy of Pediatrics, Committee on Infectious Diseases, and [Pickering, 2012](#)). Types A and B are the most common causes of infant botulism. In addition to foodborne botulism, other forms include wound botulism; infant botulism; and artificial botulism, usually a result of bioterrorism.

Treatment consists of IV administration of botulism antitoxin and general supportive measures, primarily respiratory and nutritional. Toxins vary in protein-binding capacity. Some have a relatively short half-life and do not bind to tissues firmly; therefore, therapy is continued until paralysis subsides. Other toxins appear to bind irreversibly to nerve endings and are therefore not amenable to neutralization.

Infant Botulism

Infant botulism, unlike foodborne botulism in older persons, is caused by ingestion of spores or vegetative cells of *C. botulinum* and the subsequent release of the toxin from organisms colonizing the GI tract. *C. botulinum* types A and B are the most common causative