A 4.5 months old, previously healthy Danish girl was admitted to a paediatric department after six days of passive
behaviour and weak suck. Over the next days she became increasingly weak, developed bilateral ptosis, the muscle
stretch reflexes were lost, and mydriasis with slow pupillary responses was noted. Botulism was suspected and confirmed
by testing of patient serum in a bioassay. The condition of the patient improved following administration of botulism
antiserum. The clinical picture was suggestive of intestinal (infant) botulism. However, botulism acquired from
consumption of food with preformed neurotoxin could not be excluded. The food history revealed consumption of a
commercially produced banana/peach puree which was suspected as a possible source, and based on a precautionary
principle this product was recalled. The case description illustrates a risk-management dilemma between suspected
foodborne versus intestinal botulism. Taking the potentially very serious consequences of foodborne botulism into
consideration, the measures taken were justified.