Abstract

Guillain-Barre syndrome (GBS) is an autoimmune condition, which consists of multiple clinical syndromes that manifests as an acute inflammatory polyradiculoneuropathy which normally result in weakness and diminished reflexes. Both motor and sensory systems can be affected. GBS may also be complicated with respiratory failure or autonomic dysfunction in some cases.

Classical type of GBS is acute inflammatory demyelinating poly neuropathy (AIDP), but there are other different types of GBS as well as well. Classically AIDP present as progressive symmetrical ascending muscle weakness with absent reflexes, initial symptoms become apparent within a few days and GBS symptoms typically progress over a period of two weeks. Although the typical clinical presentation is that, there are differences in the AIDP presentation from patient to patient. Some of the patients with AIDP can develop facial nerve weakness and oropharyngeal weakness in addition to above mentioned typical clinical features. Diagnosis of AIDP is done mainly on clinical grounds, which is aided by investigations such as nerve conduction studies and cerebrospinal fluid analysis. Treatments should be started as soon as the diagnosis is made, with intravenous immunoglobulin or plasmapheresis. Most patients with Guillain-Barre syndrome respond well to immunotherapy, but a significant proportion of patients are left with some degree of disability, and death can occur if it is not treated promptly.

Here we present a case history of a 58-year-old female patient who presented with sudden onset bilateral lower limb weakness and absent reflexes. Patient also had, associated bilateral facial weakness and oropharyngeal weakness for the same duration and early onset of autonomic dysfunction. According to the clinical presentation with a relatively quick onset of clinical features, the diagnosis of an acute stroke was considered initially, but with the normal CT brain, further investigations were carried out and AIDP diagnosis was ultimately made. Treatments were done in the forms of plasmapheresis, intravenous immunoglobulin, physiotherapy and speech therapy. With treatments patient made a considerable recovery.

This case presentation signifies the importance of considering Guillain-Barre syndrome as a possible diagnosis when a patient present with atypical clinical features and clinical course as we come across in this patient. Prompt diagnosis will reduce the high mortality and morbidity which is associated with this disease.

Key words – Guillain-Barre syndrome (GBS), Acute inflammatory demyelinating polyneuropathy (AIDP), plasmapheresis, nerve conduction study, intravenous immunoglobulin