

Abstract

Guillain-Barre syndrome (GBS) is an acute immune-mediated polyneuropathy which presents as an acute, monophasic paralyzing illness provoked by a preceding infection. The immune response which occurs in response to a preceding infection that causes cross-reactions with peripheral nervous components as a result of molecular mimicry is thought to be the cause. This immunological response can be against myelin or the axons of peripheral nerves, causing demyelination and axonal injury in GBS. Infection with *Campylobacter jejuni*, cytomegalovirus, Epstein-Barr virus, Human immunodeficiency virus (HIV), and Zika virus and immunization, surgery, trauma, and bone-marrow transplantation are associated causes. Dengue fever occurring as infection before developing GBS is uncommon.

Dengue is caused by an arbovirus. Clinically the patients present with fever, headaches, arthralgia, lymphadenopathy, and rashes. GBS can rarely occur after dengue fever.

In this case report, I am presenting a case of a 26-year-old female medical student who developed fever, arthralgia, myalgia and diarrhoea. She had leucopenia and thrombocytopenia and her NS 1 antigen was positive. She was diagnosed to have dengue fever. Three weeks after discharge she developed bilateral lower limb weakness and numbness with a right-sided facial weakness which caused difficulty of speech. She had a history of bronchial asthma and diabetes mellitus. GBS is known to occur following infections. This is a patient with dengue as the possible preceding infection. As GBS is a mainly post infectious polyneuropathy, any patient presenting with such clinical features following an infection should be suspected to have this disease.