

Abstract

Background

Peripheral neuropathy in patients with haematological malignancy is challenging as it is necessary to differentiate between several pathological mechanisms such as nerve root neoplastic infiltration, chemotherapy-induced neurotoxicity and paraneoplastic and dysimmune neurological syndromes.

Case presentation

We report a 52-year-old male presenting with acute flaccid paralysis, while being treated for acute lymphoblastic leukaemia. The neurophysiological studies were in favor of demyelinating polyneuropathy. Based on the clinical presentation which was acute symmetrical ascending motor neuropathy with global areflexia with supportive results of nerve conduction studies, the patient received 5 cycles of therapeutic plasma exchange with a presumed diagnosis of Guillain-Barre' syndrome (GBS). With this treatment the patient showed a remarkable recovery.

Conclusion

Guillain-Barre' syndrome is not commonly reported among patients with acute lymphoblastic leukaemia. Still it should be considered when the clinical context is not compatible with neurotoxicity of chemotherapy which is much more common among these patients. Timely intervention with either intravenous immunoglobulin or therapeutic plasma exchange will accelerate the neurological recovery.