

Abstract

Guillain Barre Syndrome (GBS) is an auto immune condition which commonly presents with acute flaccid paralysis of proximal muscles of lower limbs. It usually progresses with the paralysis ascending upwards to the upper limbs, truncal muscles, muscles of respiration and cranial nerves. Lower motor type facial nerve involvement is also a well-known phenomenon. Campylobacter jejuni, Cytomegalo virus, Epstein Bar virus, Mycoplasma pneumoniae are considered as usual preceding infections triggering GBS.

We are presenting a case of GBS in a 48 year old male whose main complaint was bilateral lower motor nerve type facial nerve palsy. He was found to have bilateral acute onset proximal muscle weakness on further questioning. His most probable triggering factor was a recent Varicella zoster infection. He had areflexia of the lower limbs. The diagnosis was confirmed with high protein level (168mg/dl) in CSF. IV Immunoglobulin was started immediately and continued for 5 days. The proximal muscle weakness had improved within 5 days. The patient recovered from bilateral facial nerve palsy over 3months duration and completely recovered.

It is vital for physicians to be aware of rare presentations of GBS like bilateral Facial Nerve palsy as it will enable early diagnosis and prompt treatment, reducing mortality and shortening the hospital stay.