



Guillain-Barre Syndrome

PRESENTATION

Progressive weakness of limbs
Usually ascending weakness (starting from lower limbs), but proximal muscles tend to be affected before distal
Mild sensory sx distally
Radiculopathic (trapped nerve at level of spinal column) symptoms
May also have:

- Areflexia
- Involvement of cranial nerves
- Autonomic features e.g. urinary retention
- Back pain

Serious if respiratory muscle and/or autonomic involvement.

PATHOGENESIS

Acute inflammatory demyelinating polyradiculoneuropathy (AIDP) is most common type.
Immune-mediated demyelination of peripheral nervous system.
Often follows respiratory or GI (campylobacter jejuni) infection.

VARIANTS AND SIMILAR CONDITIONS

Miller Fisher variant= ataxia, areflexia and ophthalmoplegia
Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) is similar condition- progresses more slowly

INVESTIGATIONS

Lumbar puncture- high protein only (normal WCC)
NCS show reduce conduction speed (due to demyelination)- may be normal in the early stages

COMPLICATIONS

Respiratory muscle involvement (weakness), leading to respiratory failure
Autonomic neuropathy- can lead to cardiac arrest via autonomic instability
IVIg therapy can cause liver inflammation and renal failure
Dysphagia- NG tube feeding needed

TREATMENT

Intravenous Immunoglobulin