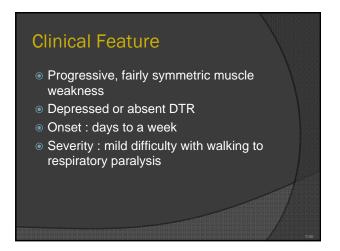


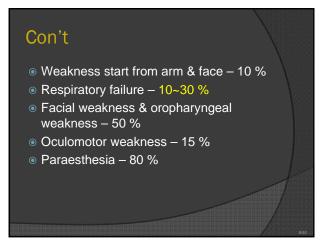
	Central	Peripheral
History	Cognitive changes	Weakness confined to one limb
	Sudden weakness	Weakness with pain associated
	Nausea, vomiting	Posture- or movement-dependent pain
	Headache	Weakness after prolonged period in one position
Physical exam	ination	
Reflexes	Brisk reflexes (hyperreflexia)	Hypoactive reflexes
	Babinski sign	Areflexia
	Hoffman sign	
Motor	Asymmetric weakness of ipsilateral upper and lower extremity	Symmetric proximal weakness
	Facial droop	
	Slurred speech	
Sensory	Asymmetric sensory loss in ipsilateral upper and lower extremity	Reproduction of symptoms with movement (compressive neuropathy
		All sensory modalities involved
Coordination	Discoordination without weakness	Loss of proprioception

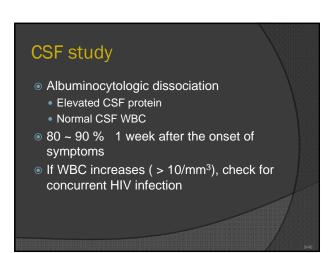
# GBS Acute immune-mediated polyneuropathy AIDP is the most common form Usually progress over a period about 2 weeks Worst at 4<sup>th</sup> week since initial symptoms – 90 % If S/S persist more than 8 weeks → CIDP

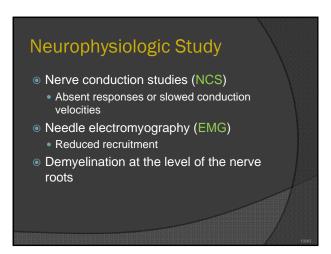
# Pathogenesis An immune response to a preceding infection that cross-reacts with peripheral nerve components Target: myelin or the axon of peripheral nerve, resulting in demyelinating and axonal forms of GBS

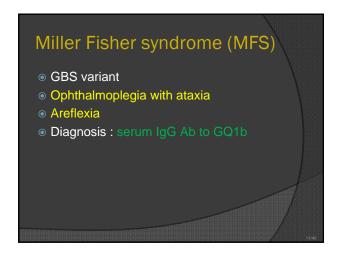
# Cause Campylobacter jejuni infection Cytomegalovirus Epstein-Barr virus Human immunodeficiency virus (HIV) Another triggering event Immunization Surgery Trauma Bone-marrow transplantation

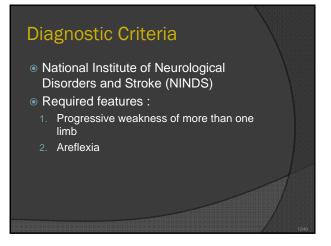












### Supportive features :

- 1. Progression of symptoms over days to four weeks
- 2. Relative symmetry
- 3. Mild sensory symptoms or signs
- 4. Cranial nerve involvement, especially bilateral facial nerve weakness
- 5. Recovery starting two to four weeks after progression halts
- 6. Autonomic dysfunction
- 7. No fever at the onset
- 8. Elevated protein in CSF with a cell count <10 mm<sup>3</sup>
- Electrodiagnostic abnormalities consistent with GBS

## **Treatment**

- Supportive care
- Evaluation of respiratory function
- Intubation and ICU admission as indicated
- IVIG 2 g/kg over 2 days
- Plasmaphoresis
- Steroid → no benefit and may be harmful
- Consult neurologist for admission

Table 166-3 Managing Respiratory Failure in Guillain-Barré Syndrome

Indications for intubation

Vital capacity <15 mL/kg

PaO<sub>2</sub> <70 mm Hg on room air

Bulbar dysfunction (difficulty with breathing, swallowing, or speech)

Aspiration

Indications for admission to intensive care unit

Autonomic dysfunction (Table 166-2)

Bulbar dysfunction

Initial vital capacity <20 mL/kg

Initial negative inspiratory force <-30 cm of water

Decrease of >30% of vital capacity or negative inspiratory force

Inability to ambulate

Treatment with plasmapheresis

## DDx

- Chronic inflammatory demyelinating polyneuropathy
  - > 8 weeks
- Acute polyneuropathies
- Spinal cord disorders
- Neuromuscular junction disorders
- Muscle disorders

