

Gullian – Barre syndrome

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A 91-year-old male presented after a fall one week prior, since then he has been unable to mobilize. He had a recent history of UTI and LRTI and was treated with antibiotics in the Community. On initial investigation, Inflammatory markers were raised WBC -11.6, CRP -131; CXR – Inflammation in the left lower zone. He was diagnosed with CAP and was started on IV Benzylpenicillin and oral Clarithromycin. The patient's inflammatory markers improved with the antibiotic treatment. His past medical history includes Type 2 diabetes mellitus , Chronic Kidney Disease – stage 3, Osteo Arthritis, Benign Prostate Hyperplasia, right kidney lesion – likely malignant , Left kidney 2 cysts ,CVA- for which he is on metformin , Clopidogrel ,Atorvastatin and Dutasteride.

The patient was receiving physiotherapy during his admission but despite this and improvement in his concurrent infection his mobility had not improved. In view of the patient's sudden reduction in mobility further investigations were arranged; MRI Brain and Spine showed no acute pathology. A Neurology review concluded “weakness in the lower limbs were greater than what could be attributed to deconditioning.” Further blood tests were requested including TSH, CK, Vitamin B12, Vitamin D all of which were unremarkable. A lumbar puncture was performed which showed increased levels of protein. With this a clinical diagnosis of Guillian-Barre Syndrome (GBS) was made. The patient was treated with a 5-day course of IV Immunoglobulin. After treatment the patient had been deemed to have made a 30% improvement according to mobility assessment). The patient has been discharged and is awaiting nerve conduction studies and outpatient neurology clinic.

The above case study demonstrates Guillian-Barre Syndrome – which is characterised as a Chronic or Acute Inflammatory Demyelinating Polyradiculopathy. It typically presents as an ascending, progressive, symmetrical motor and sensory deficit. It often is preceded by a viral or bacterial infection.

Biography

I am Dr.Madhuja Nath, Graduated From Tver State Medical University, Russia. After that I have worked in various multispecialty hospitals, in both Public and private sector. Upon gaining significant amount of experience in India, I migrated to UK, now working in NHS as CT1 , in Department of Medicine.

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