Is There A Role Of Steroids In IVIG Failed Cases Of Guillain Barre Syndrome?

P Sethi, R Thukral, N Sethi, J Torgovnick

Citation


Abstract

A 42-year old man presented with progressive difficulty in walking and climbing stairs for past 2 days, weak handgrip and inability to raise arms above shoulder level for the past 1 day. He developed intermittent choking on swallowing liquids since the morning of the day of admission. We discuss here Guillain Barre Syndrome as an acute immune mediated polyneuropathy.

CASE REPORT

A 42-year old man presented with progressive difficulty in walking and climbing stairs for past 2 days, weak handgrip and inability to raise arms above shoulder level for the past 1 day. He developed intermittent choking on swallowing liquids since the morning of the day of admission. There was no history of facial asymmetry, bladder or bowel involvement. At the time of admission, he was conscious, alert and oriented, afebrile, PR=70/min and BP=130/76 mm Hg with no postural drop. CNS examination revealed a hypophonic speech, bilateral sluggish gag and palatal reflexes, generalized hypotonia, weak neck and abdominal muscles. Power was 2/5 MRC grade in upper limbs with markedly weak grip bilaterally and 4/5 in the lower limbs with absent deep tendon reflexes and bilateral flexor plantars. Tactile sensation was impaired by 10-15% in hands and feet. CSF showed 2 WBC (100% lymphocytes), glucose=52mg/dl and protein=66mg/dl.

A clinical diagnosis of AIDP was made and patient initiated on IVIG immediately after admission. However, next day he was found to have bilateral facial weakness, R>L. On the third day of illness revealed absent H reflex, prolonged F wave latency and distal latencies, decreased CMAP amplitude in all motor nerves, absent bilateral median and ulnar sensory conduction velocities and normal sural nerve response. It also showed slowed motor conduction velocities and conduction blocks. These latter findings which are only seen in 10-20% of GBS patients early after onset of illness are however one of the important diagnostic criteria of CIDP an illness closely related to AIDP.
which shows a beneficial response to steroids. Hence it seems that a subset of patients who reveal these findings on NCS early in the course of illness may be the ones showing a beneficial response to steroids, specially a synergistic effect when used with IVIG. Further we suggest that steroids may be tried in IVIG failed cases of GBS who continue to progress rapidly.

CORRESPONDENCE TO
Nitin. K. Sethi, M.D. Chief Resident, Neurology Saint Vincent's Hospital and Medical Center 153 West, 11th Street New York, NY 10011 Email: sethinitinmd@hotmail.com

References
Author Information

Prahlad K. Sethi, M.D.
Department of Neurology, Sir Ganga Ram Hospital

Reena Thukral, M.D.
Department of Neurology, Sir Ganga Ram Hospital

Nitin K. Sethi, M.D.
Department of Neurology, Sir Ganga Ram Hospital

Josh Torgovnick, M.D.
Saint Vincent's Hospital and Medical Center