

Case study

Case Report: Guillain-Barre Syndrome (GBS) in adult

Abstract

Introduction: Landry's paralysis or post-infection polyneuritis is another name for Guillain-Barre syndrome. It is a condition in which. The immune system damages peripheral nerve system, causing the rapid development of muscular weakness. Hence also known as a heterogeneous autoimmune degenerative neurological disorder. According to the WHO, GBS affects people of all ages, but it is more in adults and males, with an annual incidence of 0.4 to 4.0 people per 100,000.

Clinical findings: - Patient having difficulty in swallowing food and water since difficulty lifting both arms above the shoulder in the past 10 days

Diagnostic evaluation: - During hospitalization neurological examination done CT scan esophagus. laboratory tests are done Blood test HB 10 -12.3 total RBC count 4.45 WBC 10400 total platelet 2,33. SGOT 226 SGPT 83. Peripheral Smear RBCs - Normocytic normochromic platelets adequate smear no Haemoparasite seen.

Therapeutic intervention: - Drug therapy. Antibiotic therapy and physiotherapy

Outcome: A gradual improvement in symptoms and clinical status was observed.

The patient had no further episodes of haematemesis. After 5 days of IV-Ig treatment, the patient started showing improvement in weakness.

Conclusion: A female 52-year-old was admitted to neurosurgery ICU AVBRHon dated 05/06/20 with a rare case of Guillain-barre syndrome (GBS) she is admitted to the hospital and all investigation and treatment were started after getting the treatment she shows great improvement and the treatment was still going a till my last date of care

Keyword: Guillain Barre Syndrome, neuropathy.

Introduction: - Guillain-Barre Syndrome (GBS) strikes suddenly. It is immune to itself. Neuropathy that has been medicated. GBS is no traumatic disorder. It is paralytic in peripheral regions the occurrence of this disease is very rare.²

GBS is not a traumatic condition. It is paralytic in peripheral areas, and its occurrence is extremely rare. GBS affects between 0.4 and 1.7 million persons each year. Guillain Barre Syndrome (GBS) is acutely intermitted in a 52 years old female patient. GBS has two subtypes: acute motor atonal neuropathy and acute inflammatory demyelinating polyneuropathy.³

In AVBRH Hospital with symptoms of incapacity to move and stand, swallowing difficulties, and difficulty lifting weight. After receiving treatment in the hospital, she was discharged after a few days. After lab and blood tests revealed that she had GBS, a team provides her with medical treatment. It would be treated if substantial results were obtained. GBS is an extremely rare disease with a difficult diagnosis. The suffer extremities become increasingly feeble in this situation. Guillain-Barre syndrome GBS is an uncommon and rapidly progressing disease. Due to nerve irritation (polyneuritis), muscle weakening develops, eventually leading to full paralysis. Every year, roughly one or more persons are infected with GBS.⁴

Patient identification: A female patient age 52-year-old patient admitted to AVBRH hospital Sawangi (Meghe) Wardha on date 02/06/2021 height 152cm weight 58kg after all investigation patient diagnose Guillain-barre syndrome.

Present medical history: patient admitted in neuro (ICU) on dated 02/06/2021 with the chief complaint of difficulty in swallowing food and water in the past 10 days difficulty in lifting both arms above the shoulder difficulty in lifting a weight.

Past medical history: my patient has a past medical history of diabetes type 2 in the past 10 months and was on Tab. Metformine 500mg (BD). The patient has had systematic hypertension since the 10-month Tab. Envas 2.5 mg (OD) patient has had hypercholesterolemia since 10-month Tab. Asprin 75 mg.

Family history: -She is belonging to a nuclear family there are 4 family members in her family all family members are healthy except Prabha head of the family her husband all facilities present in her house.

Past intervention and outcome: Difficulty in swallowing lifting both arms above the shoulder difficulty in lifting weight patient suspected case of Guillain-Barre syndrome and CT scan was done and the report is swelling on the esophagus. The patient has diabetes type 2 and she has taken Metformin 500mg she has systematic hypertension she has taken Tab. envas 2.5 mg she has hypercholesterolemia she has taken Tab. aspirin 75 mg.

Clinical findings: - Patient had difficulty in swallowing food and water since 10-day difficulty lifting both arms above the shoulder since in the past 10 days

Physical examination: - During head to foot physical examination, all physical examination is normal except upper extremity difficulty in lifting both arms above the shoulder difficulty in lifting weight. also, a neurological examination was done. in neurological examination, left side impaired.

Diagnostic assessment: - During hospitalization neurological examination done CT scan esophagus. laboratory tests are done Blood test HB 10 -12.3 total RBC count 4.45 total WBC 10400 total platelet 2,33. SGOT 226 SGPT 83 Peripheral Smear RBCs - Normocytic normochromic platelets adequate smear no Haemoparasite seen.

Therapeutic Intervention: Medical management: During hospitalization starts drugs administration therapy with Inj. Pan 40, Inj. Optineurone, Inj. Tramadol, Inj. Stugero, Inj. methylprednisolone, Immunoglobulin therapy (Ig) as per the Requirement, Tab. Metformine 500 mg BD, Tab. Aspirin 75 mg OD

Discussion: - Shivering and muscle shortcoming are common symptoms of Guillain-Barre disorder. Start with your hands and legs and make your way up to your upper torso and arms as the disorder advances. Muscle shortcoming can proceed to paralysis in nearly 10% of persons with the arms or confront. Signs and side effects of Guillain-Barre disorder may include prickling pins and needles .⁵

Tingling sensation in your finger, toes, legs and wrist, unsteady strolling or failure to walk or climb stairs is touched if you have weakness in your legs that transfers to your upper body. Throbbing shooting pains or cramps-especially at night-trouble with bladder control or Bowel functions modes if you have weakness in your legs that transfers to your upper body, you may experience tingling sensations in your finger, toes, legs, and wrist, as well as unstable strolling or failure to walk or climb stairs. Bladder control or bowel processes are hampered by throbbing shooting pains or

cramps, especially at night. Rapid heart rate, low or high blood pressure, and difficulty in breathing are all the symptoms of a heart attack.⁶

Conclusion: - A female age 52-year-old arni yavtmal admitted to neurosurgery ICU in AVBRH on dated 02/06/2012 with a rare case of Guillain-Barre-syndrome (GBS) she is well conscious and oriented to time place and person follows all commands but has no active Response by her limbs. Immunoglobulin (Ig) has been intravenously given to the patient as per its requirement. Now since she is unable to breathe own and is continuously having tachycardia the patient is placed on an invasive mechanical ventilator. The diagnosis of GBS is based on the presence of certain signs and symptoms, as well as laboratory and nerve conduction investigations. Nerve condition studies that support GBS include lower limb nerves with a delayed motor nerve conducting velocity.

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