Clinical pattern in electrophysiological variants of acute acquired polyneuropathies and their clinical outcome, a three years DATA

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Background

Guillain barré syndrome (GBS) is an acute inflammatory polyneuropathy commonly characterized by rapidly progressive, symmetric weakness and areflexia and sometimes respiratory failure.
Little is known about the long term prognosis for patients with severe acute motor axonal neuropathy (AMAN), AMSAN form of Guillain–Barre´ syndrome (GBS), unlike those with acute inflammatory demyelinating neuropathy (AIDP).

Methods

We reviewed the charts of all patients diagnosed with GBS, between 1st January 2009 to 31thDecember 2011, presenting at Shifa International Hospital Islamabad. A standard structured questionnaire was completed for each patient. Erasmus GBS outcome scale was used for disability scoring.

	AMAN	AMSAN	AIDP
No. of patients	7	5	4
Age range (Mean)	7-70 (28.71)	32-60 (52)	34-63 (50.25)
Month of Presentation	One each (2,3,4,5,7,10, 11)	One each (6,9,10,10,11)	One each (1,12,12,12)
Preceding Illness	5 (71.42%)	3 (60%)	2 (50%)
Days of Onset	2-5 (3)	3-12 (6.6)	4-17 (11.5)
Areflexia at presentation	5 (71.42%)	1 (20%)	Absent
Need of ventilation	2 (28.57%)	Nil	Nil
Tracheostomy	3(42.85%)	Nil	Nil
Medical Complications	3 (42.85%)	3 (60%)	1 (25%)
Dysautonomia	3 (42.85%)	Nil	Nil
Albuminocytologic dissociation in CSF	2 (28.57%)	4 (80%)	3 (75%)
CSF not done	1	1	1
Treatment	IVIG / PE	IVIG / PE	IVIG / PE
Outcome (DS-0-1 at 6 months)	3 (42.85%) with residual disability	3 (60%) with residual disability	3(75 %) Improved completely

Table 1. Parameters Compared in three major variants of GBS

Conclusions

Patients with AMAN and AMSAN had shortest periods of onset before presentation, comparatively rapid progression of weakness, early areflexia, more frequently required ventilatory support, while residual disability was also noted in AMAN group. Presentation in AMAN group was at younger age and dysautonomia was more frequent.

Results

Over a 3 years period, 28 patients with a diagnosis of GBS were reviewed, 12 were excluded due to incomplete data. Age ranged from 7 to 70 years (mean 41.4 yrs). Thirteen were males. Presentation was within 2-17 days of onset, and shortest in AMAN & AMSAN groups. Reflexes were preserved initially in nine patients, mostly AIDP. Assisted ventilation was required in two (12.5%) patients of AMAN group, on day 2-4, for 4-8 days while tracheostomy was done in 3 (18.75%) patients. Nerve conduction studies showed predominantly acute motor axonal changes in 7(43.75%), predominantly demyelinating changes in 4(25%), motor sensory neuropathy in 5(25%) patients. Six patients received IVIG, 10 patients received plasma exchange in standard doses.
Twelve (75%) patients recovered fully over six months and 4(31.25%) patients with AMAN recovered with slight residual disability, like foot drop.
No relapses, mortalities and progression towards CIDP was noted.