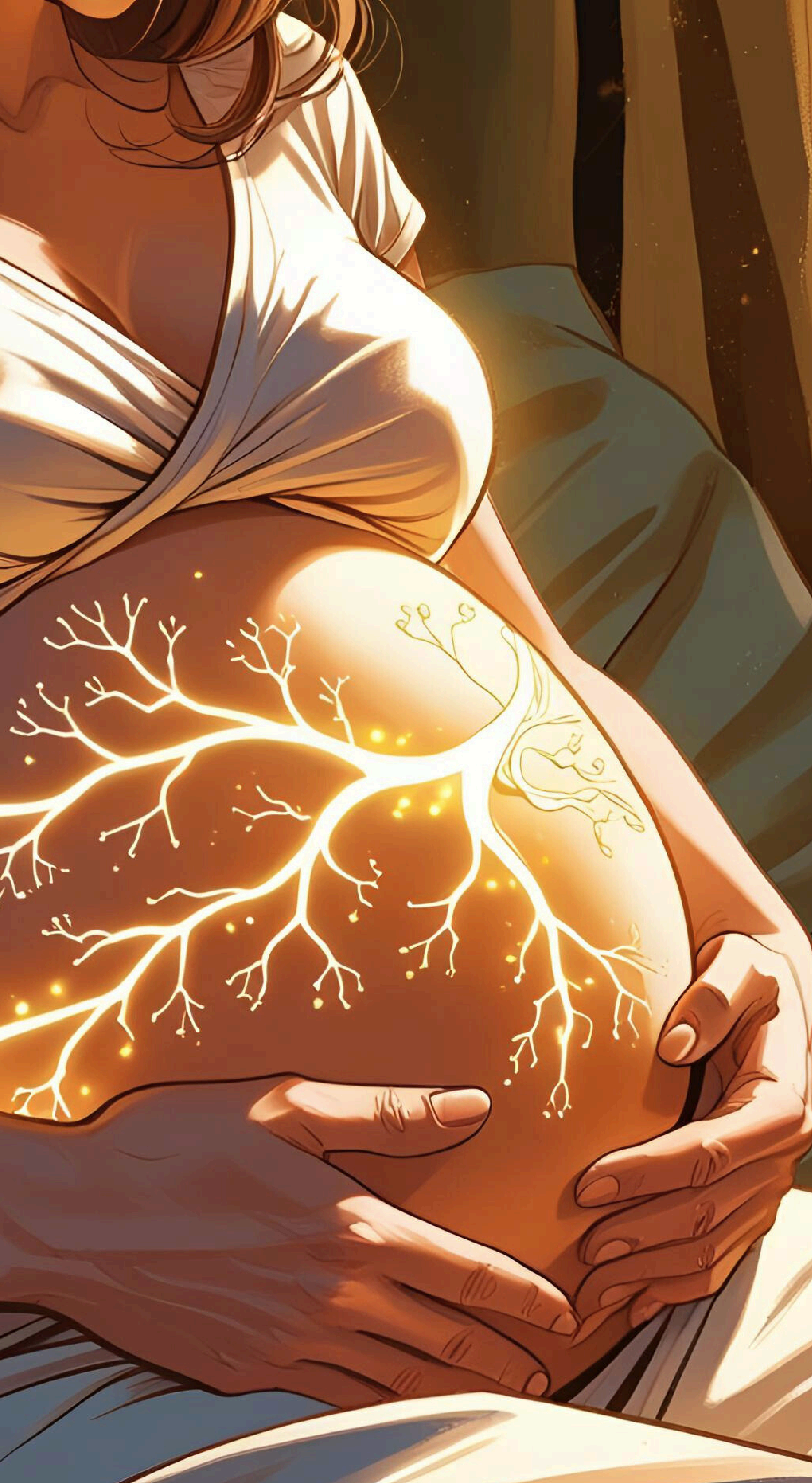




GUILLAN BARRE SYNDROME IN PREGNANCY

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OBJECTIVE

Guillain-Barre syndrome (GBS) during pregnancy is rare, affecting approximately 1-2/100,000 individuals (1). Management predominantly relies on case reports and expert opinion due to the scarcity of evidence thus established guidelines in pregnancy. This report contributes to the existing understanding of GBS in the pregnant population, emphasizing the need for further research.

REPORT

A 31-year-old female in her 2nd pregnancy at 23 weeks of gestation presented to the emergency department with a four-day history of progressive bilateral upper and lower limb paraesthesia. This was followed by the acute onset of ascending lower limb weakness over the preceding two days, culminating in urinary incontinence which prompted her presentation. Her medical history included a Laparoscopic appendicectomy for acute suppurative unperforated appendicitis two months prior. Neurological examination revealed, diminished sensation to light touch and pinprick below the level of the umbilicus. Her lower limb power was grade 3/5 on the Medical Research Council scale. Deep tendon reflexes were diminished in lower limbs. Cranial nerves were intact. Initial laboratory investigations were unremarkable. Magnetic resonance imaging of the brain and spine showed no evidence of structural abnormalities. After ruling out other causes for acute flaccid paralysis, the clinical diagnosis was GBS. Given the severity of her neurological deficits, decision was made to initiate treatment with Intravenous immunoglobulin (IVIg). Close monitoring of vital signs, neurological function, and fetal wellbeing was undertaken throughout the treatment. Her neurological deficits improved with IVIg and she reached the third trimester.

DISCUSSION

GBS is an acute inflammatory demyelinating polyneuropathy that can lead to varying degrees of muscle weakness and paralysis. It is caused by an immune response to an earlier infection or other event which cross-reacts with common epitopes on myelinated peripheral nerves (2). The hormonal changes and increased physical demands during pregnancy can worsen neurological symptoms or cause a relapse. Careful planning is needed for the mode of delivery, especially if there is residual weakness or recent symptoms. The safety and efficacy profile of IVIg in pregnant patients remains less clear, necessitating careful monitoring. Benefits often outweigh risks, but infusion reactions and thromboembolic events should be anticipated. (3)

CONCLUSION

This case study highlights the need for healthcare professionals to be vigilant in diagnosing Guillan Barre syndrome early and managing possible complications of IVIg therapy in pregnant patients. A multidisciplinary evaluation is crucial for improving patient outcomes. Further research is warranted to establish guidelines for the safe use of IVIg and to plan delivery timing based on severity.

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