PS1.153

About a case of Guillain-Barre syndrome

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Personal History: No known drug allergies. No previous pathology of interest. No standard treatment. Anamnesis: 24 year old male who presented at our Emergency episode of weakness in lower limbs with unstable gait 2 days duration. Difficulty recently added to move the toes. Left frontal dominance headache associated. No fever or vomiting. No visual or level of consciousness or difficulty in speech disorders. Episode 10 days before tympanic perforation that required antibiotics.
Physical examination: Glasgow 15/15, isochoric and reactive pupils, no nuchal rigidity, no alterations in cranial nerves. No limb differences. Decreased strength in both lower limbs with paresthesias. Upper limbs preserved and symmetrical sensitivity and strength. Abolished patellar reflex and Achilles reflex. Positive Romberg. Unsteady gait with increased base of support. No alterations in language. Symmetrical palpable carotid pulse.
Rest of examination: Anodyne. Complementary Tests: Blood test: no significant findings. Chest X-ray: no significant findings. Cranial CT: no sginificant findings. Diagnosis: peripheral neuropathy ascending to rule Guillain-Barré syndrome Evolution: Neurology is contacted for evaluation meanwhile, decides admission to the ward to complete the study with EMG and ENG and early empiric treatment with gamma globulin. During admission diagnosis of Guillain-Barré syndrome is confirmed.
Conclusion: the establishment of a Guillain-Barré syndrome can be difficult to diagnose, so the history is very important (history of infections). It should be noted if symptoms are symmetrical, speed of onset of symptoms, the disappearance of reflexes.
Keywords: unstable gait, lower limb paresis, Guillain-Barré syndrome