Lightning Learning: Guillain-Barré Syndrome

https://em3.org.uk @EM3FOAMed youtube.com/em3orguk

#EM3
East Midlands Emergency Medicine Educational Media

WHAT?

Guillain-Barré syndrome (GBS) affects *1:40,000 people* each year. While it can affect anyone at any age it is more common in older males.

It is an **autoimmune response to infections** (often *Campylobacter* infection – around 50% of viral).

It is characterised by ascending paralysis, starting with tingling and numbness of the fingers and toes, with decreased or absent reflexes. Symptoms usually progress over a period of days to four weeks, **usually peaking by the 2nd week.**

- ➔ *Up to 30% of patients* will have respiratory muscle weakness and require ventilatory support.
- ➔ *1:5 patients* will have autonomic dysfunction requiring cardiac monitoring.

WHY?

Diagnosis is largely clinical, however lumbar puncture can be useful. There can be elevated CSF protein levels with a normal WCC. **EEG studies can also aid diagnosis.**

The treatment of GBS is with supportive measures. It is important to remember that these patients require close monitoring and will often require a stay in ITU.

Serial spirometry is used to assess need for intubation and ventilatory support.

All patients with a FVC <20mL/kg require ITU support and will likely need intubation.

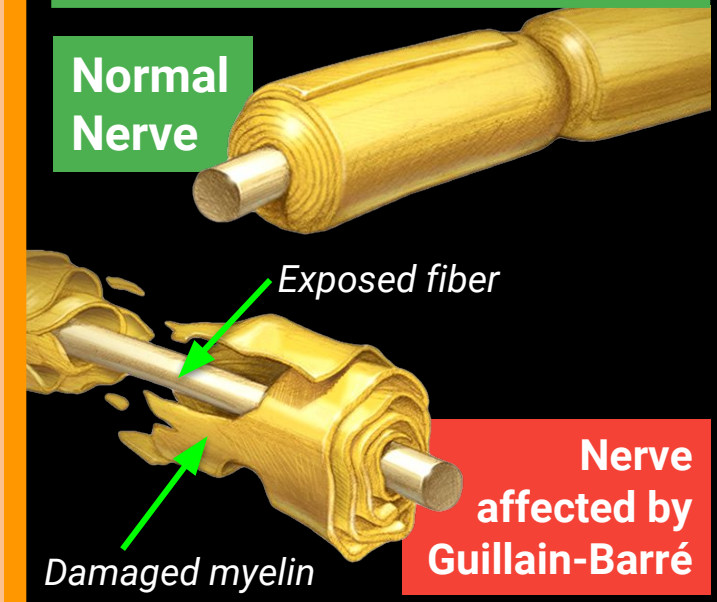
Treatment options for GBS are plasma exchange or IV immunoglobulins, these have been shown to be of benefit in RCTs.

HOW?

Guillain-Barré Syndrome *(Life in the Fast Lane)* http://bit.ly/2nDXYbn

Diagnosis Criteria of GBS *(BMJ)* http://bit.ly/2E3jYH5

GBS Information Guides *(GAIN Charity)* http://bit.ly/2FOb5xB



Author: Darren Whitelaw **Date:** 05.02.2018 **Version:** 1.0