



Guillain-Barre syndrome in pregnancy

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Objective

Guillain-Barre syndrome (GBS) is a rare but serious autoimmune disorder which affects peripheral nerve tissue. The reported incidences of GBS in pregnancy are 1.2-1.9 cases per 100,000. The most common form of the disease is an acute inflammatory demyelinating polyradiculoneuropathy (AIDP), which presents as progressive motor weakness, usually beginning in the legs and advancing proximally. It is associated with significant morbidity as 3% of patients die secondary to respiratory failure.

Methods

Reviewed the hospital notes of the case and summarised.

Results

We present a 30-year-old nulliparous female who developed rapid onset distal paresthesia at 20 weeks gestation. Two weeks prior to the onset, she reported having had the influenza vaccination. During admission, the patient underwent investigations including lumbar puncture, MRI brain and spine, blood tests including electrolytes, thyroid function and autoimmune antibody screen, all of which were normal. A nerve conduction study confirmed demyelination of the peripheral nerves. The patient was commenced on intravenous immunoglobulin therapy (IVIg). However, as forced vital lung capacity (FVC) declined and also clinical deterioration, she was transferred to our intensive care unit (ICU). She completed 5 cycles of IVIg therapy and underwent physiotherapy daily. She was transferred to a tertiary neuro-rehabilitation centre at 30 weeks gestation. Throughout the pregnancy serial growth scans revealed a healthy fetus. She was induced at 39+2 weeks and had a normal vaginal delivery.

Conclusion

GBS in pregnancy can increase the risk of pre-term labour. The approach to management in pregnancy is multi-disciplinary. One has to consider mechanical ventilation, treatment of underlying infection, fetal monitoring and decision for timing and mode of delivery. The primary treatment is with IVIg or plasmapheresis, which is associated with an outcome of full recovery in 70-80% of patients. A high index of suspicion for early diagnosis can improve the prognosis for both mother and the fetus.