



## CASE REPORT

# An Atypical Presentation of Guillain-Barre Syndrome with Descending Paralysis: A Case Report

**Sergio Mosquera Limas<sup>1</sup>, Jesse Blount<sup>2\*</sup>, Rebecca Riecki<sup>2</sup> and Suhana Singh<sup>2</sup>**

<sup>1</sup>Yale Physical Medicine & Rehabilitation Residency, USA

<sup>2</sup>Nova Southeastern University Dr Kiran C Patel College of Osteopathic Medicine, USA

**\*Corresponding author:** Nova Southeastern University Dr Kiran C Patel College of Osteopathic Medicine, USA



## Patient

A 31-year-old man with Guillain-Barre Syndrome.

## Case Description

The patient had an atypical presentation of Guillain-Barre syndrome (GBS) with descending muscle weakness and paralysis that started at the upper extremities and progressed to the lower extremities in contrast to a typical ascending infection that usually starts at the lower extremities. Hyporeflexia of deep tendon reflexes of the affected extremities was also present. About 2 weeks prior he had a preceding infection of cytomegalovirus with no other significant past medical history. He was admitted to the ICU for 4 days due to his rapidly deteriorating state with chest pain and shortness of breath. MRI of the spine showed nerve root enhancement. Due to suspicion of GBS, patient was started on a course of IVIG to be completed over 5 days and plasmapheresis was to be completed over 14 days. Once hemodynamically stable patient was transferred to an acute inpatient rehab facility for further treatment. After 30 days of acute inpatient

rehab he was later discharged with improvement of symptoms.

## Assessment/Results

After treatment, patient demonstrated significant improvement in walking, muscle movement of the extremities, functioning in activities of daily living, and restoration of deep tendon reflexes.

## Discussion

To our knowledge, this is one of very few reported cases of descending muscle weakness and paralysis of GBS.

**Conclusion:** Given that GBS is a rapidly deteriorating condition that can be fatal due to respiratory failure, it is vital that a diagnosis be made quickly. Diagnosis is mostly made based on clinical presentation since diagnostic biomarkers are not available for most variants of this disorder. Atypical presentations can delay diagnosis and treatment. In order to prevent this delay, it is important to be aware of atypical presentations.