



## EXPERIENCE WITH INTRAVENOUS IMMUNOGLOBULIN IN GUILLAIN BARRE SYNDROME OR AIDP

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### ABSTRACT:

50 Patients of Guillain Barre Syndrome (GBS) admitted in Medical ward and ICU of Anugrah Narayan Magadh Medical College Hospital (ANMMCH) Gaya was studied. All patients (pts) treated with intravenous immune globulin (IVIg) Irrespective of presentation and with or without respiratory failure. Patients were diagnosed on the basis of history, clinical examination investigation (NCV + CSF) and treated with IVIg. In case of respiratory failure assisted mechanical ventilation was given. Out of 50 pts. 8 (16%) patients died. 3(6%) patients develops severe neurological deficit, 8(16%) Mild deficit and 31(62%) were recovered completely.

### INTRODUCTION:

Guillain Barre Syndrome is a acute inflammatory demyelinating polyradiculoneuropathy of autoimmune in nature. It presents with rapidly evolving areflexic motor paralyis with or with out sensory disturbance.

Autonomic involvement is common. The usual manifestations are loss of vasomotor control with wide fluctuation in blood pressure, postural hypotension and cardiac arrhythmias. Respiratory failure occurred and ventilator assistance was required in 30% cases.

Etiology of GBS is not known but most of the cases were preceded 1 to 3 weeks before GB S by

acute infective process of Intestine or respiratory system.

### Material and Methods:

The Present study includes 50 patients of GBS during last three year (3) admitted in medical ward and ICU of ANMMCH Gaya.

### Investigations:

1. Hemogram, KFT, CBC, LFT, ECG, X-ray chest PA view.
2. CSF For cells, protein, sugar, ADA.
3. NCV.

### Observations:

**Table 1: Age and Sex Distribution**

Age	Male	Female	Total
13-29	07	7	14(28%)
30-39	09	8	17(34%)
40-49	06	5	11(22%)
50-59	03	3	06(12%)
>60	01	1	02(4%)
Total	26	24	50

**Table 2: Investigation Chart**

Investigation	Normal	Abnormal	Total
CSF	17	33	50
NCV	0	50	50
Hemogram LFT, KFT	2	48	50

**Table 3: NCV Study**

Parameters	No. Of Patients (50)	Percentage
Absent/delayed (f) wave	45	90%
Slow conduction velocity	45	90%
Prolonged distal motor latencies	42	84%
Reduced CMAP amplitudes	43	86%
Absent or Reduced SNAPS	37	74%
No abnormality	0	0%

**Table 4: Treatment with IVIG and Outcome**

IVIG	No of Death	Sever Neurological deficit	Mild Neurological deficit	Complete recovery
50	8(16%)	3(6%)	8(16%)	31(62%)

**Table 5: Duration of Progression to paralys's during the course of illness**

Duration	Male	Female	Total
< 1 week of onset of weakness	7	5	12
1 - 2 week	1	1	2
More than 2 weeks	0	0	0

**Discussion:**

Acute Inflammatory Demyelinating Polyradiculopathy is the most common form of acute neuromuscular disorder found in clinical practice. In this study 50 patients were treated

with IVIG and followed for three (3) year. It affects all the age group of slight mole predominance (52:48%).

In this study mortality is 16%. Death were due to ventilator associated preumonia, seps's and low

amplitude CMAP 100% GBS pts have — neurological conduction defects of almost all kinds — Delayed or absent of wave latencies — 90%, velocity slowing — 90% etc. Hadden and Hughes have reported 6% Mortality after treatment with WIG. In this study Mortality is 16% associated pneumonia, sepsis and low amplitude CMAP James Meleod et al have quoted 15 to 25% incidence of significant neurological deficit in my study only 6% Pts have significant and 16% pts. Have mild neurological deficit. Shubhangi Vithas Dhadke, Vithal Narayan Dhadke, Sachin s Bangar, Milind B Korade quated 75% Pts, completely recoved in this tudy 62% were completely recovered, within 6th month of treatment.

#### **Conclusion:**

Guillain Barre Syndrome is slightly more common in Male. Common age group affected is 13 - 39 yrs. NCV is the most useful investigation in diagnos's and abnormal in all GBS Pts.

Patients who received IVIG early in the course of disease had faster recovery

The most common NCV studies observed is absent/delayed f — wave latency and slowing of conduction velocity. Out of 50 patients 31 (62%) patients were completely recovered C IVIG 8

patients (16%) have presented Mild Neurological deficit, 3 patients (6%) have sever Neurological deficit and 8 patients (16%) were died. So IVIG is very effective in GBS specially when introduced in early course of disease.

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