

## A Case of Guillian Barre Syndrome in Immediate Post Partum Period

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Mrs G, 28yr. old primigravida had a spontaneous conception following a period of primary infertility for 2 yrs. She had no antenatal care till 32 weeks of gestation when she was admitted through casualty on 12.03.98 for antepartum haemorrhage. Obstetric scan revealed a fetus corresponding to gestational age in cephalic presentation with type I placenta previa. No major anomalies were detected. She was on expectant line of management when she went into labour spontaneously at 37 weeks gestation and had an assisted vaginal delivery of live male baby of 3820g with good apgar on 19.04.98.

Within six hours after delivery, patient complained of inability to walk, had slurred speech and difficulty in swallowing. She was conscious, coherent, with no neck rigidity. She had proximal muscle weakness grade III in all four limbs. There was minimal sensory deficit in lower limbs. A provisional diagnosis of Guillian Barre syndrome was made which was confirmed by nerve conduction and nerve conduction studies.

Patient was shifted to intensive care for early treatment of respiratory distress and ventilatory support. Her stress precipitated depression and patient was offered counselling. Her condition was stable for one week on supportive treatment and antibiotics.

Her condition deteriorated with onset of autonomic dysfunction in the form of continuous dribbling of urine and respiratory distress. ABCG score was normal & hence she was not put on ventilator. She was then started on IV immunoglobulin in the dose of 0.4g/kg/day to which she responded well and then was on the road to recovery. Patient was discharged 1 week after diagnosis of GBS with minimal motor deficit along with her baby.

GBS is a rare demyelinating disorder of peripheral nerves with an incidence of 0.6-1% per 100,000 individuals. Only few cases of pregnancy with GBS have been reported in the world literature. The etiology is unknown but autoimmune factor has been implicated.

Immunoglobulin is the current modality of treatment. It is effective as plasmapheresis and it reduces the incidence of respiratory paralysis and improves prognosis.