

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

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Mrs. G. 28 year old, primigravida had a spontaneous conception following a period of primary infertility for 10 years. She had no antenatal care till 32 wks 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 wks gestation and had an assisted vaginal delivery of live male baby of 2.8 kg, with good apgar on 19.04.1998.

Thirty six hours after delivery, she 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 lumbar puncture and nerve conduction studies.

Patient was shifted to intensive care for early detection of respiratory distress and ventilatory support if needed. This stress precipitated depression and patient

was offered counseling. Her condition was stable for one week with supportive treatment and antibiotics.

On the 8<sup>th</sup> day her condition deteriorated with the onset of autonomic dysfunction in the form of continuous dribbling of urine and respiratory distress. ABG done 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 she was on the road to recovery. Patient was discharged 4 wks after diagnosis of GBS with minimal motor deficit along with her baby. Twenty two months follow up revealed that patient is well with no sensory or motor deficit.

GBS is a rare demyelinating disorder of peripheral nerves with an incidence of 0.6-1.7 per 100,000 individuals. Only few cases of pregnancy with GBS have been reported in the world literature. The etiology is not known 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.