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Case Report

An Atypical Clinical Presentation of Acute Inflammatory Demyelinating Polyradiculoneuropathy

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Abstract

Acute inflammatory demyelinating polyradiculoneuropathy (AIDP), also known as Guillain-Barre syndrome (GBS), is an autoimmune disease that is typically present as a progressive ascending weakness, with subtle or no sensory findings, and reduced or absent deep tendon reflexes. In this case report I am presenting a patient who presented with an atypical clinical feature of AIDP in the form of a descending rather than ascending weakness, highlighting the importance of considering AIDP as a potential diagnosis in such atypical presentations.

Keywords: Guillain-Barre syndrome, GBS, Acute inflammatory demyelinating polyradiculoneuropathy, AIDP, Atypical, Descending paralysis.

INTRODUCTION

AIDP is an autoimmune demyelinating disorder that affects the peripheral nervous system, leading to muscle weakness and hypo/areflexia. The most common presentation of AIDP is ascending weakness beginning in the lower extremities. However, atypical presentations can occur and result in diagnostic challenges. Therefore, recognizing these variations in clinical presentation is crucial for prompt diagnosis and appropriate management to achieve the best results in patients' clinical status and care.

CASE PRESENTATION

A 36-year-old man with no significant medical history presented with two-week history of progressive weakness affecting both upper and lower extremities. A week prior to onset of his symptoms he endorsed eating a raw meet that was followed few days later by 5 days of diarrhea. Afterwards, he noted his arms started to get weak few days after diarrhea has resolved. Five days later, his legs started to get weak but much milder than the arms. There was tingling in fingers mainly. Exam revealed are flexia in both upper and lower extremities and power was reduced in both arms and legs with medical research council (MRC) score 2/5 in arms and 4/5 in legs. Cranial nerves and sensory exam were normal.

He was admitted to the hospital for further assessment and treatment. Blood work up including complete blood count, complete metabolic panel, and thyroid function test were normal. Lumber puncture was done and cerebrospinal fluid (CSF) revealed albuminocytological dissociation with elevated protein and normal cell count levels. He was treated with a 5-day course of plasmapheresis. Over the following two weeks, weakness has improved and power of arms became at least 3/5.

DISCUSSION & CONCLUSION

AIDP/GBS is an autoimmune demyelinating disorder that affects the peripheral nervous system, resulting in typically symmetrical muscle weakness and hypo/areflexia with ascending paresis starting in the lower extremities being the most common presentation [1]. However, atypical presentations are not uncommon and can result in diagnostic challenges [2]. Patients can present with weakness affecting one or both arms as an initial feature before involving the lower extremities [3, 4]. Recognizing these variable presentations is critical for prompt diagnosis and initiatingtreatment in a timely manner for obtaining a better outcome.

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