

RARE AXONAL VARIANT OF GUILLAIN-BARRE SYNDROME MIMICKING ACUTE SPINAL CORD INJURY POST TRAUMA: A CASE REPORT

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Introduction: Guillain-Barre Syndrome (GBS) is an acute inflammatory demyelinating polyneuropathy. Acute motor and sensory axonal neuropathy (AMSAN) is its rare subtype. On the other hand, Spinal Cord Injury (SCI) is a traumatic impact on the spine that leads to acute neurological deficit

Results: 39 years old man, ex-Heroin chaser, presented with lower limb weakness, bowel incontinence and unable to pass urine for 2 days. He met in a motor vehicle accident 1 week prior to his presentation but was able to ambulate after that. Initially, patient presented with right lower limb power of grade 3 from L2 downwards and reduced sensation L1 downwards. Left lower limb power and sensation was intact. Both knee and ankle bilaterally were hyporeflexic. Anal tone was lax but perianal sensation and deep anal sensation was intact. CT Thoracolumbar revealed compression fracture T12 to L2 vertebrae with minimal L2 retropulsion which could not explain the patient's neurology. Therefore, MRI Thoracolumbar was done to look for degree of cord compression however no compression revealed. In the ward, his neurology gradually worsened in ascending manner as bilateral lower limb power dropped to grade 0 and sensation reduced from T8 level and below. Patient was referred to neuromedical for opinion. The team proceeded with nerve conduction study which showed evidence of AMSAN. Immediate intravenous immunoglobulin treatment commenced.

Conclusion: High index of suspicion is crucial. Our patient presented with neurology which was thought to be secondary to a typical traumatic SCI however, turned out to be due to GBS instead. His radiological findings did not tally with his neurology and daily close monitoring revealed gradual worsening of neurology in ascending manner. Early neuromedical referral was a smart move as it led to the right diagnosis and early treatment was commenced for a serious life threatening condition