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GUILLAIN-BARRE SYNDROME: A CASE REPORT

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Guillain-Barre syndrome is an autoimmune disorder which is caused by the body's immune system resulting in the damaging of peripheral nervous system. However immune system starts to destroy the myelin sheath (which surrounds the axon of many peripheral nerve), and will not able to transmit the signal effectively after getting damaged that may result in painful sensation leading to muscle weakness. GBS can also probably be an outcome of viral (*Cytomegalovirus*) or bacterial infection (*Campylobacter jejuni*). The virus and bacteria are likely to change the nature of the nervous system in such a way that the immune system cannot recognize the cells as its own and can allow some immune cells (lymphocytes and macrophages) to attack myelin and leading to destruction of the myelin sheath.

Here a case of GBS in 50 year old women with past medical history of paresthesia was reported. According to medical literature the incidence of GBS is very rare syndrome. The patient was diagnosed with GBS with lumbar puncture that indicated albuminocytological dissociation, a characteristic of GBS. The patient was managed with anticoagulant, anti-convulsant, anti-arrhythmic, digestive enzyme, nitrogen mustard- alkylating agent, chemoprotectant, antiemetic, PPI, gastro protective agent along with plasmapheresis. The importance of correct diagnosis by the physician and the subsequent management is reviewed.

Keywords: *Guillain Barre Syndrome, Plasmapheresis, Cyclophosphamide, Intravenous Immunoglobulin*