5/4/26 Mainstream Monday with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Varsha* ***Case Discussants****: Youssef(@saklawiMD) & Saketh(@saketh_vinj)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Krishna)

CC: 14Y F brought with B/l lower limb weakness for 4 days

HPI: 4 days ago she developed difficulty getting up from seated position and difficulty gripping footwear, worsened progressively until she lost her ability to walk entirely. Reports having difficulty closing her eyes and Difficulty in swallowing food for the last 2 days

ROS:H/o of cough with expectoration
Denies any SOB
Denies any fever/skin rash
Denies any nausea, vomiting, abdominal pain or diarrhea
Denies any bowel and bladder incontinence
Denies diplopia/blurry vision

PMH:
K/c/o mild intellectual disability
H/o Seizure 1 episode when she was young

Meds:
None

Fam Hx:
Not significant

Social Hx:
Not significant

Health-Related Behaviors:
None

Allergies: NKDA

Vitals: T: Afebrile **HR**: 105 **BP**: 90/60 **RR**: **Sat**: 98 **BMI**:

Exam: Gen: A&O x3
HEENT: fundoscopy- normal **CV**: Normal **Pulm**: Normal **Abd**: Normal
Neuro: B/L pupils RTL, EOM equal, right eyelid lagophthalmos
Tone reduced in B/L LL and UL
Power reduced in BL LL and UL
Reflexes: Absent in B/L Knee, +1 in B/l Biceps
Plantar flexor response +
At this point she was admitted to the wards for further work up, started on IVF, Inj Thiamine, B12, Vit C and Inj Methylprednisolone.
She was also started on Ryles tube feeding due to high risk of aspiration.

Notable Labs & Imaging:

Hematology:
WBC: 13,200 Hgb: 9.4 Plt: 138 MCV: 73

Chemistry:
Na: 138 K: 4.2 Cl: 110 HCO3: Cr: 0.8 BUN: 24 Glucose: AST: 21 ALT: 10 Alk-P: wnl Bili: 0.3 Albumin: 3.8 Total Protein: 8.7
U/A: Normal

Imaging:
EKG: Sinus Tachycardia; **CXR**: Normal; **Echo**: Normal
CSF: normal study, acellular, and culture reports came back negative late
Post admission, the patient progressed to develop labored breathing and did not maintain saturation on room air. She was transferred to the ICU and was intubated and mechanically ventilated without any complications. She remained conscious post Mechanical ventilation, obeyed commands and was oriented. Her Immunization was up to date and she had also received her HPV vaccine 5 days ago.
The family denied a CT/ MRI
Nerve conduction study: of B/L median, ulnar, common peroneal, posterior tibial and sural nerve was done. CMAP (compound muscle action potential) showed prolonged distal takeaway- suggestive of sensorimotor polyradiculoneuropathy, predominantly demyelinating type.

Dx: Acute Inflammatory Demyelinating Polyradiculoneuropathy otherwise known as Guillain Barre syndrome possibly due to recent immunization

Problem Representation: A 14-year-old female with recent vaccination history came with acute onset bilateral ascending paralysis of LMN type.She had a normal CSF examination and a nerve conduction study showing prolonged distal takeaway suggestive of AIDP(Guillain Barre syndrome).

Teaching Points (Hans)

B/L LE weakness: brain (motor cortex) spinal cord, NMJ, B/L so systemic(GBS), spinal cord(injury)

Time course acute, polyneuropathy: Infectious etiology, Acute polyneuropathy, (GBS, virus like polio) make sure breathing is normal, reflexes, Bowel & bladder, Compressive symptoms, Toxins (lead etc) vitamin status(B12, vitamin C) NMJ(MG).

Areflexia, lid lag: EMG, LP, (preceding viral infx, botulism,

Acute flaccid paralysis: EMG revealed sensory and motor impairment suggestive of GBS.(Acute demyelinating Polyradiculopathy)