



OPZ250 Mesleki Yabancı Dil I
10. hafta
Reference Review And Discussion
On Orthoses
&
Guillain- Barré Syndrome

Prof. Dr.Serap Alsancak

Doç. Dr. Senem Güner

Dr. Öğr. Gör. Enver Güven

Öğr. Gör. Ali Reza Vasefmia

Reference Review And Discussion On Orthoses



Guillain- Barré Syndrome

Douglas G. Kinnett MD

Description

Guillain-Barré syndrome (GBS) is an acute or a subacute inflammatory process of the peripheral nervous system resulting in demyelination of the axons involved. This syndrome is also known as: 20

- _Acute inflammatory demyelinating polyradiculopathy (AIDP)
- _Acute idiopathic polyneuritis
- _Landry's syndrome
- _Postinfectious polyneuritis

Etiology/Types

- _Acute inflammatory demyelinating polyradiculopathy (AIDP)
- _Acute axonal motor neuropathy (AMAN)
- _Miller Fisher syndrome (cranial nerves/ataxia)
- _Acute sensory neuropathy (motor intact)
- _Rare forms involving isolated regions as face/arms or autonomic nervous system
- _Chronic form of GBS (ongoing or relapsing)

Clinical Features

- _Ascending weakness from lower extremities
- _Paresthesias and numbness in some cases
- _Pain (aching/throbbing) in many cases
- _Ataxia and autonomic symptoms in some cases
- _Respiratory involvement with ascending weakness

Diagnosis

Differential diagnosis

- _Acute form of GBS:
 - Myasthenia gravis and botulism (infants)
 - Toxic neuropathies (heavy metals)
 - Infections (Lyme disease, HIV)
 - Spinal cord lesions (including transverse myelitis, tumors, vascular malformations)
- _Chronic form of GBS:
 - Hereditary motor/sensory neuropathies (HMSN)
 - Critical illness polyneuropathy
 - Metabolic neuropathies
 - Myopathies (dermatomyositis)

Red Flags

- _Fever
- _Generalized weakness not ascending
- _Isolated leg paralysis and bladder/bowel dysfunction
- _Symptoms without improvement for >1 month

Treatment

Medical

- _Intravenous immunoglobulin (IVIg)
- _Plasmapheresis
- _Supportive care (gastric prophylaxis, antihypertensives, and pain management)

Exercises

- _Initially in the very weak patient—range of motion and positioning to prevent contractures
- _Submaximal strengthening program followed by endurance training as recovery progresses
- _Long-term recovery is usually good in children but arm strength may need to be addressed

Modalities

- _Bracing, if losing range of motion

Surgical

- _If prolonged mechanical ventilation needed, then tracheotomy and feeding tubes may be placed