A case of central nervous system vasculitis related to an episode of Guillain-Barrè syndrome

ABSTRACT

The authors describe their knowledge of an unusual case of isolated vasculitis, confined to the left sylvian artery, caused by a cytomegalovirus that caused an auto-immune Guillain-Barrè syndrome (GBS). Despite receiving plasma exchanging and immune-modulating therapy, she developed acute cardiopulmonary failure and complete recovery was achieved with the help of IgM-enriched formula.

INTRODUCTION

Introduction The Guillain-Barrè syndrome (GBS) is a progressive neurological disorder characterized by the progressive loss of the central nervous system (CNS) and the central nervous system-associated (CNS-associated) vasculitis (CVA). GBS usually affects males and females, and is characterized by the onset of acute, severe pain, fatigue, and a general state of distress. It is generally fatal.

CASE REPORT:

A 35-year-old male had a history of a history of GBS, including the occurrence of Guillain-Barrè syndrome (GBS). He was admitted to the emergency department with chest pain, and was observed by his attending nurse to have a history of nausea, vomiting, and dizziness. A case of involvement in the sylvian artery resulting from a GBS episode, which involved both cytomegalovirus and herpes simplex virus, has been reported by our team.

CONCLUSION

Vascular dysfunction in the vascular system, known as tissue ischaemia, can result in neurological dysfunction, with varying clinical manifestations. Scarred vessels and acutely inflamed ones are considered to be the primary causes of ischemia. Primary isolated vasculitis of the CNS typically presents poor signs or neurological defects, but can cause devastating neurological abnormalities depending on the level of vessel involvement. Mononeuritis multiplex, polyneuropathy, stroke, encephalopathy and cranial neuropathies are also common. It is crucial to differentiate between a primary or secondary form of isolated VASCUlitis with underlying pathology, and radiology is the most suitable method to determine this. In the past, angiography and cerebral parenchyma biopsy were the only methods available to confirm CNS isolated vasculitis diagnosis. However, some researchers now recommend using magnetic resonance as the most sensitive supplementary technique to detect CSF damage, as vaspilitis' angio-graphic characteristics are typically not specific. We are aware of the first case of CNS secondary isolate (ISS) and GBS, and there are several important points to be made clear in this report: First, both GSS and isolated vasculitis were caused by autoimmune antibodies; secondly, the secondary cause of isolated angiitis of an ancient left symphonye, which became evident as the patient recovered from the syndrome; thirdly either the persistence of cytomegalovirus and antibodies directed against CYMEGAL antibody (CMI) in the spinal fluid; finally, new IgM-induced