

# Electronic Medical Record (EMR) Summary

Patient ID: PID18636310

Name: Anil Varma

Age: 45, Sex: Male

Visit ID: VISIT47632135

Date: 2025-05-17 18:13

## Clinical Reasoning Summary

### **\*\*Definition & Key Concerns\*\***

The patient's symptoms of progressive, ascending weakness and tingling in the lower limbs, along with absent deep tendon reflexes following a diarrheal illness, are suggestive of Guillain-Barré syndrome (GBS). GBS is an acute inflammatory demyelinating polyradiculoneuropathy that often follows an infection. It can lead to rapidly progressive paralysis and is potentially life-threatening due to the risk of respiratory failure.

### **\*\*Differential Diagnosis\*\***

1. Guillain-Barré syndrome: The history of recent diarrheal illness, progressive ascending weakness, and absent deep tendon reflexes make this the most likely diagnosis.
2. Transverse myelitis: This could also present with ascending paralysis, but sensory level and bowel or bladder dysfunction would typically be present.
3. Acute intermittent porphyria: This can present with neurologic symptoms including weakness, but abdominal pain and psychiatric symptoms are more common.
4. Botulism: This could cause a similar picture, but descending paralysis is more typical, and there is often a history of ingestion of contaminated food.

### **\*\*Can't-Miss Diagnosis\*\***

Guillain-Barré syndrome is the critical high-risk condition that must be ruled out due to its potential to rapidly progress to respiratory failure.

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## **\*\*Suggested Investigations\*\***

1. Lumbar puncture: To look for albuminocytologic dissociation (elevated protein with normal cell count), which is characteristic of GBS.
2. Nerve conduction studies and electromyography: To confirm the diagnosis and subtype of GBS.
3. Pulmonary function tests: To assess respiratory muscle strength and predict the need for mechanical ventilation.

## **\*\*Management Plan\*\***

1. Hospitalization: For close monitoring of respiratory function and progression of weakness.
2. Immunotherapy: Intravenous immunoglobulin (IVIG, 0.4 g/kg/day for 5 days) or plasma exchange are first-line treatments.
3. Supportive care: Including physical therapy, pain management, and prevention of complications such as deep vein thrombosis and pressure ulcers.
4. Monitor respiratory function: Intubation and mechanical ventilation may be required if there is significant respiratory muscle weakness.

## **\*\*Reference Insight\*\***

According to UpToDate 2023, early recognition and treatment of Guillain-Barré syndrome is crucial to prevent severe complications, including respiratory failure. The choice between IVIG and plasma exchange depends on local availability and patient characteristics.

## **Rare Disease Alerts**

Porphyria (matched 2 symptoms), Guillain-Barre Syndrome (matched 3 symptoms)

## **Prescription**

None provided