Electronic Medical Record (EMR) Summary

Patient ID: PID72205020

Name: Meena

Age: 1, Sex: Female

Visit ID: VISIT77628465

Date: 2025-05-17 15:16

Clinical Reasoning Summary

Definition & Key Concerns

The patient's clinical presentation is suggestive of Guillain-Barré syndrome (GBS), a post-infectious immune-mediated disorder characterized by acute ascending paralysis, areflexia, and variable sensory disturbances. The key concern is rapid progression of weakness that may involve respiratory muscles, leading to respiratory failure.

Differential Diagnosis

1. Guillain-Barré syndrome: The acute onset of ascending paralysis and areflexia following a diarrheal illness is typical of GBS. Campylobacter jejuni infection is a common antecedent.
2. Acute transverse myelitis: This can also present with acute or subacute onset of motor and sensory deficits, but typically includes bladder dysfunction and spinal level sensory loss.
3. Acute intermittent porphyria: This can present with motor neuropathy, but typically also includes abdominal pain and psychiatric symptoms.
4. Botulism: This can present with descending paralysis and cranial nerve involvement, but the history of diarrheal illness and ascending paralysis is more suggestive of GBS.

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.

Suggested Investigations

1. Lumbar puncture: Cerebrospinal fluid (CSF) analysis typically shows albuminocytologic dissociation (elevated protein with normal cell count) in GBS.

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2. Nerve conduction studies and electromyography (EMG): These can confirm the diagnosis and subtype of GBS.

3. Pulmonary function tests: These are needed to assess respiratory muscle strength and guide decisions about respiratory support.

Management Plan

1. Monitor respiratory function: This is crucial due to the risk of respiratory failure.

2. Initiate treatment: Intravenous immunoglobulin (IVIG, 0.4 g/kg/day for 5 days) or plasma exchange are first-line treatments for GBS.

3. Supportive care: This includes pain management, physical therapy, and prevention of complications such as deep vein thrombosis and pressure ulcers.

4. Consult Neurology: Expert guidance is needed for diagnosis confirmation, treatment, and monitoring.

Reference Insight

According to UpToDate, the diagnosis of GBS is primarily clinical, supported by findings on CSF analysis and electrophysiologic studies. Early recognition and treatment are crucial to prevent severe disability or death.

Rare Disease Alerts

None triggered

Prescription

None provided