Medical and Research Publications
International Open Access

Research Article **Journal of MAR Neurology and Psychology (Volume 5 Issue 1)**

A Comprehensive Report on a Guillain Barre Syndrome, a Case Due to Covid 19 and Complete Recovery After 19 Months with Bitter and Unforgettable Memories of Those Days

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Received Date: June 25, 2022

Published Date: July 01, 2022

Introduction of the case

A 64-year-old man suddenly becomes completely paralyzed in the lower extremities while the coronavirus was spreading in a group of patients. But after a year and a half, of course, with willpower and unyieldingness, he finally regains his health.

How the disease starts

A 64-year-old man who was hospitalized in our hospital just five days after the onset of the coronavirus 25. Oct.2020 suddenly developed complete paralysis of his lower limbs. He was completely unable to walk, and nurses had to help him move. Be able to have even the slightest movement to do his individual work. I have known him for many years well and he was a sportsman and a runner and completely healthy, he had not used a single medicine until then. Our initial examination given that we did not receive any diagnosis during the clinical examination and his complete history, Urgent Lumbo-sacral column and pelvic were normal. I made the initial assumption that Guillain Barre Syndrome had been diagnosed with coronavirus, and that his condition worsened in the following days. He could not have the slightest movement. His problems were completely concentrated in the lower limbs, and fortunately he did not have any problems in the upper limbs as well as in terms of mentality, and his memory was not damaged. He survived the covid 19 easily and had no lung problems at all. He helped me. I tried from the first day because I could not find a reason for the paralysis of the lower extremities, and CT scans of the brain had completely normal results, and such a viral patient, due to his general illness, he continued to rest in bed for a month, and the nurses helped him with all his compassion to do his personal work. I tried from the first day for a reason. I did not find any lower extremity paralysis, and MRI and CT scans of the brain had completely normal results, and there was no problem in terms of lumbar structure. I had no experience of this syndrome and had only read it in medical books or sporadic reports that I could get but I had not seen the patient myself, so my colleagues and I examined this issue and assumed Guillain Barre Syndrome. We went ahead and if I want to give a complete history of this patient, I can focus on these clinical symptoms.

Symptoms and Signs

The onset of symptoms was very rapid and surprising

The initial symptoms were concentrated in the lower extremities, and when we ruled out trauma at the same initial visit, we focused on lumbo-sacrals, and a CT scan of the lumbosacral area completely ruled out focal lesions in the spine. I even had multiple myeloma. I thought, and but it was quickly dismissed, because we could not find and positive regards in laboratory examination of his complains given that he had no disease.

There was no upper extremity involvement in this case while I was personally waiting for these symptoms to occur because I had read that upper extremity involvement also occurs in Guillain Barre Syndrome. There was no lung damage or even heart rhythm disorders in this patient.

Unlike patients with Guillain Barre Syndrome, who complain of weakness and lethargy and sometimes these symptoms remain in the patient forever, but in our case, although he had problems with weakness and lethargy, but his main problem was still the inability to move the lower limbs.

In our case, there was numbness, tingling, and pain that was concentrated all over the lower limbs from the hip joints down, and at the same time the legs and arms were weak at the same time. This weakness affected both sides of the body equally and got worse over time. The neck muscles were also involved so that my patient could not make a simple movement in his own bed after five days. The nerves supplying the head and face were in trouble. There was no disorder of the muscles that controlled the bladder and anus

Characteristic features of this syndrome in our neurological examinations were decreased muscle strength as well as decreased tendon reflexes (hyporeflexia) and in some cases (areflexia). Surprisingly, Babinski's reflex on the right was very intense. Even in the acute stages of the disease, the patient was fully conscious and did not have any problems called memory impairment or dementia.

The respiratory failure that we were most concerned about was not present in this patient at all due to covid 19, and his respiratory failure was not greater than that of the others who suffered from covid 19. Blood oxygen levels were reported to be between 87-82. However, as a routine procedure for all patients admitted to this ward, in the early stages of corticosteroid therapy, Azithromycin, food supplements of vitamin D3 , zinc compounds and vitamin III for all, we started all the time. His hospitalization did not even require the use of oxygen capsules to solve the problem of respiratory failure, and like the rest of the patients, his problems were followed up in a general routine.

Although Di- dimers examinations performed were higher than normal and we were able to control moderate-effect heparin, like many of these patients with covid 19. Autonomic or involuntary nervous system dysfunction that plays a role in controlling bodily functions such as heart rate and blood pressure. We were able to keep him in the I.C.U for two days and monitor his condition closely.

Two-thirds of patients with Guillain-Barré syndrome had an infection before the onset of the disease, which in most cases is a period of gastroenteritis or an infection of the respiratory tract. In many cases, the exact nature of the infection can be determined. This syndrome is caused by Campylobacter jejune, which causes diarrhea in about 30% of patients. The other 10% is related to cytomegalovirus (CMV, HHV-5). However, very few people with Campylobacter or CMV infection develop Guillain-Barré syndrome (-0.25, respectively). O.65 and 0.6-2.2 per thousand cycles of infection). In Case, although we wanted to evaluate the source outside the corona, but we could not prove it, and finally, considering

that this issue was started with the covid 19, we considered the side effects of the covid 19 and moved on.

Following the immunization of influenza following the outbreak of swine flu in 1976 (H1N1 A / NJ / 76), an increase in the incidence of Guillain-Barré syndrome was observed; 8.8 out of every one million immunized people (0.0088 per thousand people) were affected. During the 6 weeks after influenza vaccination, GBS occurred in 362 of the 45 million people vaccinated, an increase of 8.8 times over normal. GBS is the result of the 1976 swine flu vaccine; Because in subsequent vaccination campaigns, there was a slight increase in the incidence of GBS, which was not the previous rate. The 2009 flu pandemic vaccine against the swine flu H1N1 / PDM09 virus did not significantly increase the number of patients. In fact, "studies have shown that there is a slight increase above baseline, at about 1 per million vaccines, similar to what has been seen in the past few years after the seasonal flu vaccine was given." The benefits of vaccination in preventing the flu for the general population outweigh the small risks for people with GBS after vaccination. Natural influenza infection itself has a higher risk of developing Guillain-Barré than influenza vaccination, and vaccination generally reduces the risk of developing Guillain-Barré by reducing the risk of influenza.

In the United States, Guillaume is listed on the Federal Government Vaccine Injury List for Seasonal Influenza Vaccination.Guillain-Barré has been reported as a very rare side effect of the Janssen vaccine for COVID-19.

Unfortunately, since our patients were admitted to the Covid 19 ward, it was practically impossible for the patient to be transferred to another neurological hospital or for additional tests to be performed on them, because I did not want to do academic work, but rather clinical issues. Let's solve it, especially since it was clear to us that in the end, given that this issue had started acutely, without any prior introduction, we should have focused on the Covid 19 problem anyway, and we did.

We had a CT scan of the lumbar vertebrae, which we did immediately, and this led us to believe that the patient had no lumbosacral vertebral lesions and that all of the patient's problems were due to Covid 19, especially since the patient had no trauma. It did not exist in those days or before

Direct assessment of the conduction of electrical impulses along nerves can rule out other causes of acute muscle weakness and distinguish between different types of Guillain-Barré syndrome. Electromyography (EMG) with a needle as well as nerve conduction studies can be performed. These tests may not show any abnormalities in the first two weeks. Neurophysiological studies are not necessary for diagnosis. That is why we did not include this issue in the patient at all because we knew that a therapeutic problem would not solve the patient.

If we wanted to seek a definitive diagnosis and then treat it classically, it was not possible for us due to the large number of patients, meaning that we could not provide all our specialized facilities for this

syndrome, especially since we saw that the patient's condition was not only worse. Was not but was significantly improving. For example, a week after the onset of the disease, the patient was able to move his foot in his bed with the help of a nurse, and this movement showed that the disease not only did not progress but also could retreat.

In those critical circumstances, we were not able to transfer this patient to the neurology ward, which was free of covid19 cases, and even if we wanted to, the neurology wards and even the private wards would not allow this type of patient to become infected with this condition. Enter non-contaminated sectors and contaminate people and their devices, and we fully agree with this theory

Treatment Protocols

Based on the set of issues I wrote about, we focused on controlling and treating the patient's main problem, Covid 19. We started with corticosteroids as the first line of treatment for the patient, as well as vitamin D3, vitamin C, with zinc compounds. Conservative treatments to control fever and chills and general body aches by using acetaminophen pills and controlling the respiratory status and taking the oxygen status of the blood with an oximeter and ...

A positive point that this patient had, given that he had no underlying disease and had not used any medical treatment until then, he could not easily accept the existence of a disease that paralyzed and disabled him and surrendered. We believe that was all that was needed, and he did not want to simply accept the fact that he was paralyzed in G.B.S. That his general condition began to improve, and that was the beginning of overcoming the disease

After a month when the severity of Covid19 had subsided, he was able to open and close both legs in his own bed, with the help of his friend, and this was very good news for all of us. Thus, we were convinced that the physiotherapy program Start for him under the supervision of our professional physiotherapist Interestingly, when we did this, his speed of recovery and recovery of lower limb movements improved so much that after two months he was able to stand on his own two feet and use the walker and physiotherapist to take a few small steps.

He told me that if I could stand on my own two feet and take a few steps, then it would be possible for me to walk again! And he did so in the following days and ...

Conclusion

Due to the widespread spread of Covid 19 in our patients and the sudden onset of sensory and motor symptoms and impaired patient mobility and positive antigen tests in this patient and all our clinical signs and diagnostic symptoms G.B.S was the guide, and we focused all our diagnoses on this diagnosis, given the lack of trauma and the underlying disease he did not have. In this patient, even though he had fewer clinical findings and pulmonary involvement than other patients, our first choice was to use prednisolone tablets at a dose of 60 mg daily. In addition to this main treatment, we also added treatments such as vitamin D3, vitamin C and Azithromycin. After two months, he was able to tie his legs and after three months, he walked with a walker and then with a stick. Interestingly,

After a year he was able to regain his health, and only 20% of his disabilities remained, and a decrease in sensation in the lower limbs and murmurs and tingling.

Today, after 19 months, I can say that he is completely well, and only bitter memories of this syndrome remain in the patient's mind. He has resumed his sports activities.