Physical Therapy Management of a Patient with Guillain-Barre Syndrome during and after Pregnancy: A Case Report
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Background
Guillain Barre Syndrome (GBS) is a disorder in which the body’s immune system attacks part of the peripheral nervous system.1 The cause of GBS is still unknown, with suspicions of viral or bacterial infection preceding diagnosis. It can affect people of all ages, gender, or ethnic background, with equal incidence rates in both men and women. The incidence rate for GBS is rare, affecting 1-2 persons in 100,000 annually.2 Usually begins with distal, symmetric onset of paraesthesia, followed by progressive limb weakness.3 Pain is a common symptom, typically described as a deep ache or cramp in the buttocks, thighs, or between the shoulders.4 Most patients eventually reach a full or nearly full recovery with the ability to walk unassisted after 3 months and only minor residual symptoms by the end of the first year after onset.4

Purpose
There is currently no detailed description of PT management for GBS in pregnancy in the literature. The rationale of this case report is to describe a comprehensive program focused around the concept of functional-based interventions to assist a patient with GBS before and after pregnancy to regain independence and safety to complete daily and work-related activities.

Case Description
SJ was a healthy, very active 27-year-old female hospitalized at 25.5 weeks of gestation (GW) after onset of BLE weakness and an inability to walk unassisted. Past medical history included weakness and an inability to walk unassisted. Hospitalized at 25.5 weeks of gestation (GW) after onset of BLE. SJ was a healthy, very active 27-year-old female who enjoyed running and playing with her son. Past medical history included weakness and an inability to walk unassisted.

Interventions
The significance of this case report was the rare opportunity to document the outcome of a PT intervention for GBS during pregnancy. At the time of discharge, the patient achieved all goals and was able to return to her prior functional status with only mild sensory deficits and minimal weakness. Therefore, the use of functionally-based interventions during PT management of this patient with GBS in pregnancy proved to be beneficial. Future work in this area could compare and contrast the outcomes of other PT interventions for GBS during pregnancy.

References

Outcome
Higher scores for both tests indicate better outcomes. Modified Barthel Index improved from moderate dependence with ADL/IADLs to complete independence. Berg Balance Scale scores from initial medium fall risk to no fall risk at discharge.

Discussion
The significance of this case report was the rare opportunity to document the outcome of a PT intervention for GBS during pregnancy. At the time of discharge, the patient achieved all goals and was able to return to her prior functional status with only mild sensory deficits and minimal weakness. Therefore, the use of functionally-based interventions during PT management of this patient with GBS in pregnancy proved to be beneficial. Future work in this area could compare and contrast the outcomes of other PT interventions for GBS during pregnancy.