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.2 It can affect people of all ages, gender, or ethnic background, with equal incidence rates in both men and women. The incidence rate of GBS is rare, affecting 1-2 persons in 100,000 annually.3 Past medical history included hospitalization at 25.5 weeks of gestation (GW) after onset of BLE (paresis).

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.4 Past medical history included gravida 3, para 2 with one stillbirth at 34 GW. Non-smoker and a social drinker, lived in a one-story home with two bathrooms. She was an elementary physical education teacher and a basketball coach who prior to her diagnosis enjoyed running and playing with her son.

Evaluation

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.

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

Ann Indian Acad. S73-S81.