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Original Article

Acute Inflammatory Demyelinating Polyneuropathy in Children; Clinical and Electrophysiologic Findings

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Abstract:

Objective: The aim of this study was to evaluate the electrophysiologic findings of Guillain Barre Syndrome (GBS) in children and their relation with clinical progress of the disease.

Methods: Twenty-three children with GBS were evaluated between 2005 and 2007. Electrophysiologic evaluations were performed at admission and one month later.

Findings: Five patients needed respirator, 15 were bedridden, 1 developed recurrence 6 months later, and 2 experienced chronic GBS. The most common findings included: decreased amplitude of muscle action potential (CMAP) (96%), increased distal latency (74%), increased F wave latency (69%), and decreased nerve conduction velocity (NCV) (61%). Sensory nerve conduction (evaluating sural nerve) was normal in 78% of the cases. These measures did not significantly change after 1 month.

Conclusion: Electrodiagnostic evaluations are helpful at the primary stages of GBS for diagnosis. Fibrillation potentials and positive sharp waves showing denervation and axonal injury are presentative of longer duration of the disease and a worse prognosis.

Keywords:

Guillain Barre Syndrome ، Electrophysiologic evaluations ، Acute flaccid paralysis ، Acute inflammatory demyelinating polyneuropathy

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