

Syllabus	
Topic	Guillain Barre Syndrome

**a)**

List 6 clinical features of Guillain Barre syndrome (6 marks)

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

**b)**

List 3 investigations and findings which aid a diagnosis of Guillain Barre syndrome (3 marks)

Investigation	Finding
1) ..... ..... .....	..... ..... .....
2) ..... ..... .....	..... ..... .....
3) ..... ..... .....	..... ..... .....

**c)**

List 3 neurological differential diagnoses of Guillain Barre syndrome (3 marks)

1. ....
2. ....
3. ....

**d)**

List 3 clinical indications for intubation and ventilation of patient with Guillain Barre syndrome (3 marks)

1. ....
2. ....
3. ....

**e)**

Give 5 considerations when anaesthetising a patient recovering from Guillain Barre syndrome (5 marks)

1. ....  
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2. ....  
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3. ....  
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4. ....  
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5. ....  
.....

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Q	Answer	Mark	Guidance
a)	<ul style="list-style-type: none"> <li>• Prodrome phase ( Campylobacter, viral, vaccines, major surgery)</li> <li>• Progressive, ascending symmetrical limb weakness</li> <li>• Distal paraesthesia/pain/sensory loss</li> <li>• Nerve palsies</li> <li>• Respiratory muscle involvement</li> <li>• Bulbar involvement</li> <li>• Autonomic dysfunction</li> <li>• Reduced/absent reflexes/flaccidity</li> </ul>	6	
b)	<ul style="list-style-type: none"> <li>• CSF – high protein</li> <li>• Antiganglioside autoantibody serology</li> <li>• Infection screen – C. jejuni, CMV, HSV, EBV, mycoplasma</li> <li>• MRI may show nerve root enhancement</li> <li>• Nerve conduction studies – demyelinating pattern</li> </ul>	3	
c)	<ul style="list-style-type: none"> <li>• Multiple sclerosis</li> <li>• Eaton Lambert syndrome</li> <li>• Myaesthesia Gravis</li> <li>• Transverse myelitis</li> </ul>	3	
d)	<ul style="list-style-type: none"> <li>• Vital capacity &lt;15ml/kg</li> <li>• Bulbar involvement with inability to cough and protect the airway</li> <li>• Respiratory failure on arterial blood gases</li> <li>• Maximum inspiratory pressure of &lt;30cmH<sub>2</sub>O</li> <li>• Maximum expiratory pressure of &lt;40cmH<sub>2</sub>O</li> </ul>	3	

<p>e)</p>	<p><u>Airway</u></p> <ul style="list-style-type: none"> <li>• Bulbar weakness, poor cough, aspiration risk</li> <li>• May have tracheostomy in situ</li> </ul> <p><u>Respiratory</u></p> <ul style="list-style-type: none"> <li>• High risk of perioperative LRTI (poor cough, respiratory muscle weakness)</li> <li>• Impaired respiratory function ; may need ventilation post-op)</li> </ul> <p><u>Cardiovascular</u></p> <ul style="list-style-type: none"> <li>• ANS instability – labile BP, arrhythmias, invasive monitoring indicated</li> <li>• Difficult IV access due to multiple cannulations</li> </ul> <p><u>Neurological</u></p> <ul style="list-style-type: none"> <li>• Neuropathic pain common – involve pain team for postoperative plan</li> </ul> <p><u>Pharmacology</u></p> <ul style="list-style-type: none"> <li>• Suxamethonium contraindicated – fatal hyperkalaemia</li> <li>• Opioids – increased sensitivity to respiratory depressant effect</li> </ul>	<p>5</p>	
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