

GUILLAIN-BARRE SYNDROME AS THE INITIAL CLINICAL PRESENTATION IN A PATIENT SUFFERING LUPUS ERYTHEMATOSUS

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Objectives: to present a very rare clinical feature as the initial presentation of an autoimmune disease.

Materials and methods: a patient was entered to the emergency department with a progressive weakness. neurophysiological tests were required, including nerve conduction studies and cerebral spinal analysis and serum level of LSE antibodies

Results: polyradiculoneuropathy was found after both the clinical examination and the neurophysiological tests. The initial cerebral spinal fluids (CSF) analysis reveled a characteristic albuminal-cytological dissociation. However due to the fact lymphopenia was founded and at the subsequent CSF analysis cerebral antinuclear antibodies were found.

Discussion: it has been an extensively documented that SLE can cause neuropathy and as we'll, it is highly unusual that GBS happens to be the debit presentation of this rheumatologist disease. Yet, neurological compromise as the initial implies a bad prognosis.