GUILLAIN BARRE SYNDROME VARIANT WITH FACIAL DIPLEGIA AND PARESTHESIAS ASSOCIATED WITH SYSTEMIC LUPUS ERYTHEMATOSUS

Sung Sang Yoon[1], HY Rhee[2], BS Na[2], YN Kwon[3]
[1]*Neurology, Kyung Hee University Medical Center, South Korea*
[2]*Neurology, Kyung Hee University Medical Center at Gangdong, South Korea*
[3]*Neurology, Jindo-gun Public Health Center, South Korea*

hsyoon96@khu.ac.kr

Bilateral facial palsy is a rare clinical presentation and extensive diagnostic work-up is mandatory for identifying the cause. We present a case of variant GBS showing bilateral facial palsy, which could be a presenting manifestation of SLE. A 58-year-old woman admitted to our hospital for the development of bilateral symmetrical facial weakness. She had upper respiratory infection symptoms two weeks prior to the admission. Six days before the admission, she noticed that she could not close her right eyelid completely. One day before the admission, she was unable to close the left eyelid and move cheeks properly. High resolution CT of chest showed subpleural reticular opacities, interlobular saptal thickening, and ground glass opacities in both lung fields. Laboratory data about autoimmunity revealed that ANA (homogenous 1:640, cytoplasmic 1:160) and anti-dsDNA, nucleosome, and ribosomal P protein were positive. Nerve conduction studies showed the evidence of demyelinating sensorimotor polyneuropathy. The clinical and laboratory features of the patient, which include a history of antecedent infection, acute onset and rapidly progressive bilateral facial palsy, paresthesia in the distal limbs, electrophysiologic evidence of systemic polyneuropathy, and CSF albuminocytologic dissociation, support the diagnosis of a regional GBS “facial diplegia with limb paresthesias”. The peripheral manifestations in patients with SLE include polyneuropathy, mononeuritis multiplex, cranial neuropathy, and mononeuroapthy. It also is possible that a variant form of GBS is associated with one of neurological manifestation of SLE.