
Abstract 33

Headache: An Unusual Presenting Symptom of Guillain-Barré Syndrome

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Guillain-Barré syndrome (GBS) is a immune-mediated heterogeneous condition generally characterized by motor, sensory, and autonomic dysfunction. In its classic form, GBS is an acute inflammatory demyelinating polyneuropathy characterized by progressive symmetric ascending muscle weakness, paralysis, and hyporeflexia with or without sensory or autonomic symptoms; however, it has several variant forms that include pure cranial nerves involvement, pure motor involvement, or back pain as presenting symptoms. We present an unusual case of Guillain-Barré syndrome in which headache is a presenting symptom.

A 35-year-old Hispanic woman with past medical history of gestational diabetes presented with bilateral throbbing tempero-occipital headache. She was alert and fully oriented. General examination was unremarkable. Neurologic examination on presentation showed unilateral left-sided facial weakness and global depressed reflex with preserved motor strength. Her motor weakness gradually progressed to 3/5 and she had bilateral facial palsy by day 2. She denied any sensory abnormalities and difficulty breathing throughout her hospital stay. Labora-

tory findings were unremarkable and computed tomography and magnetic resonance imaging of the brain along with magnetic resonance venography were normal. Cerebrospinal fluid examination showed cytoalbumin dissociation. Electromyography and a nerve conduction study showed slowed conduction consistent with diagnosis of GBS. She was started on intravenous immunoglobulin and showed slight improvement after a 5-day course. She was discharged in stable condition. When she followed up after a month, her symptoms had improved, but she had residual facial palsy.

GBS is a group of autoimmune syndromes consisting of demyelinating and acute axonal degeneration forms of the disease. In some patients with GBS, low back and leg pain can dominate the presentation, suggesting nerve root irritation and paresthesia of the legs and feet. Headache as presenting symptom of GBS has never been reported in the English language literature. Irritated, inflamed, or damaged cranial nerves, spinal roots, or peripheral nerves can cause aching and throbbing pain. Our patient's only initial complaint was headache without any physical signs, and she thus was discharged on pain medication from other institutions. Unexplained headache with second presentation in less than a week in our emergency department led to a concern for subarachnoid hemorrhage and meningitis. A lumbar puncture revealed the unexpected finding of albuminocytologic dissociation, and further investigation led to a final diagnosis of GBS variant. In any patient with acute unexplained headache, the differential diagnosis needs to include GBS.