

GUILLAIN BARRE SYNDROME : SCIENCE & TECHNOLOGY

NEWS: Guillain-Barré Syndrome cases in Pune reach 111

WHAT'S IN THE NEWS?

Guillain-Barré Syndrome (GBS) is a rare autoimmune disorder where the immune system attacks the peripheral nerves, often triggered by infections. A recent outbreak in Pune, India, with 111 cases and one fatality, highlights the need for early diagnosis, treatment, and public awareness.

1. Pathophysiology of Guillain-Barré Syndrome (GBS)

Autoimmune Mechanism

- GBS is an **autoimmune disorder** where the body's immune system mistakenly attacks the **peripheral nervous system**.
- The immune system targets the **myelin sheath** (the protective covering of nerves) or, in some cases, the **axons** themselves (the nerve fibers).

Molecular Mimicry

- The condition is often triggered by an **infection** (viral or bacterial), where the immune system confuses nerve cells with pathogens due to **molecular mimicry**.
- For example, the **Campylobacter jejuni** bacteria, a common trigger, has surface molecules similar to those found in nerve cells, leading to cross-reactivity.

Types of GBS

- 1. Acute Inflammatory Demyelinating Polyneuropathy (AIDP):
 - The most common form, where the immune system attacks the myelin sheath.
- 2. Acute Motor Axonal Neuropathy (AMAN):
 - The immune system directly attacks the axons, leading to rapid muscle weakness.
- 3. Miller Fisher Syndrome (MFS):
 - A rare variant characterized by **ophthalmoplegia** (eye muscle weakness), **ataxia** (loss of coordination), and **areflexia** (absence of reflexes).

2. Epidemiology of GBS

Global Prevalence

- GBS is a rare condition, affecting 1-2 people per 100,000 annually worldwide.
- It can occur at **any age** but is more common in **adults** and the **elderly**.
- Men are slightly more affected than women.

Indian Context

• In India, GBS cases are often linked to **post-infectious triggers**, such as **diarrheal diseases** or **respiratory infections**.

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• Recent outbreaks, like the one in **Pune**, highlight the need for better surveillance and public health measures.

3. Clinical Features of GBS

Early Symptoms

- Tingling and Numbness: Often begins in the legs and spreads upward.
- **Muscle Weakness**: Starts in the lower limbs and progresses to the upper body.
- Loss of Reflexes: A hallmark feature of GBS.

Advanced Symptoms

- Severe Muscle Weakness: Can lead to paralysis.
- **Respiratory Failure**: Weakness of chest muscles can impair breathing, requiring mechanical ventilation.
- Autonomic Dysfunction: Fluctuations in blood pressure and heart rate.
- Facial Weakness: In some cases, facial muscles are affected, leading to difficulty in speaking or swallowing.

Progression

- Symptoms typically progress over days to weeks, reaching peak severity within 2-4 weeks.
- Recovery can take weeks to months, and some patients may experience long-term residual weakness.

4. Diagnosis of GBS

Clinical Evaluation

• Diagnosis is primarily based on clinical symptoms, such as progressive muscle weakness and loss of reflexes.

Diagnostic Tests

- 1. Nerve Conduction Studies (NCS):
 - Measures the speed of nerve signals, which is slowed in GBS due to demyelination.
- 2. Lumbar Puncture (Spinal Tap):
 - Analyzes cerebrospinal fluid (CSF) for elevated protein levels, a common finding in GBS.
- 3. Electromyography (EMG):
 - Assesses electrical activity in muscles, helping to differentiate between demyelinating and axonal forms of GBS.



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5. Treatment of GBS

Primary Treatments

- 1. Plasma Exchange (Plasmapheresis):
 - Removes harmful antibodies from the blood, reducing the immune attack on nerves.
 - Typically performed 5 times over 1-2 weeks.
- 2. Intravenous Immunoglobulin (IVIG):
 - Provides healthy antibodies to neutralize harmful ones.
 - Administered over 5 days.

Supportive Care

- Mechanical Ventilation: For patients with respiratory failure.
- Physical Therapy: Helps restore muscle strength and mobility during recovery.
- Pain Management: Medications like gabapentin or pregabalin for nerve pain.

Prognosis

- Most patients recover fully, but **10-20%** may experience **long-term disability**.
- Recovery can take **6-12 months** or longer.

6. Recent Outbreak in Pune, India

Key Details

- Number of Cases: 111 cases reported in less than three weeks.
- First Fatality: A 41-year-old individual succumbed to the disease.

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• **Cause**: Linked to a **bacterial infection**, likely **Campylobacter jejuni**, often spread through contaminated food or water.

Healthcare Response

- Hospitals prioritized early diagnosis and treatment to prevent complications.
- Public health authorities investigated the source of the outbreak, focusing on **food and water safety**.

Public Awareness

• Efforts were made to educate the public about **early symptoms** (tingling, muscle weakness) and the importance of **timely medical intervention**.

7. Public Health Implications

Preventive Measures

- Hygiene Practices: Regular handwashing, proper food handling, and safe drinking water.
- Infection Control: Early treatment of infections that may trigger GBS.
- Vaccination: Ensuring vaccination against common infections (e.g., flu) to reduce the risk of GBS.

Surveillance and Reporting

- Strengthening disease surveillance systems to detect and respond to outbreaks promptly.
- Encouraging healthcare providers to report GBS cases to public health authorities.

Research and Development

- Investigating the mechanisms of GBS to develop targeted therapies.
- Studying the long-term outcomes of GBS patients to improve rehabilitation strategies.

8. Global and Indian Context

Global Perspective

- GBS is recognized as a rare but serious condition worldwide.
- Outbreaks are often linked to **infectious diseases**, such as **Zika virus** in Latin America and **Campylobacter jejuni** in India.

Indian Perspective

- India faces unique challenges due to **poor sanitation** and **high prevalence of infectious diseases**, which increase the risk of GBS.
- The recent outbreak in Pune underscores the need for **better healthcare infrastructure** and **public health interventions**.

Source: https://indianexpress.com/article/india/guillain-barre-syndrome-cases-in-pune-reach-101-9801074/

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