**TITLE: “MOMMY, I AM IN PAIN!”**

**A CASE OF ATYPICAL PRESENTATION OF GUILLAIN-BARRÉ SYNDROME IN A PAEDIATRIC PATIENT**

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**INTRODUCTION:**

Guillain-Barré syndrome (GBS) is the commonest cause of acute flaccid paralysis in paediatrics population. This is a case report of a child with atypical presentation of GBS, resulting in delayed treatment.

**CASE DESCRIPTION:**

A 9-year-old girl experienced a frontal headache for a month, was brought to the nearest clinic and subsequently treated as outpatient and scheduled for a computed tomography (CT) of the brain. Three days later, she returned to the same clinic due to left sided facial pain with drooping of left eyelid leading to an Emergency and Trauma Department referral. Further questioning revealed the child had multiple falls over the past month. Examination showed a child with unsteady gait and multiple cranial nerve abnormalities confined to the left side, including ptosis, trigeminal hyperalgesia, facial asymmetry and weakness in opposing eye opening. However, limb examinations were unremarkable. Blood parameters and non-contrast CT brain were normal. She was admitted with a diagnosis of facial nerve palsy with trigeminal neuralgia.

After day one of admission, she developed progressive limb weakness and neuropathic pain over left upper limb and bilateral lower limbs with exaggerated deep tendon reflexes. An urgent Magnetic Resonance Imaging (MRI) of the brain and spine was unremarkable. Following five days in the hospital, the patient was unable to walk and had absence of deep tendon reflexes. Her nerve conduction study findings were consistent with GBS. She was treated with intravenous immunoglobulin (IVIG) for two days and responded well.

**DISCUSSION:**

GBS can present variably in paediatric patients causing diagnostic delay. Patients can present with muscle/radicular pain, cranial nerve palsy and sensory disturbance, as well as autonomic dysfunction. Children who have severe pain may refuse to walk or manifest as unstable gait which can be interpreted differently. In initial stage, patients may have normal or exaggerated reflexes, but later they might develop reduced or absent reflexes. Our case emphasizes the importance of early recognition of atypical presentation of GBS for timely IVIG treatment.

**CONCLUSION:**

Prompt recognition and investigations are crucial to establish the diagnosis of GBS, thereby averting potentially life-threatening complications.

**KEYWORDS:** Guillain-Barré syndrome, Facial nerve palsy, Trigeminal neuralgia