Diagnostic work up: Lumbar puncture: Elevated protein at 121g/L, without elevated WBC count.
EMG/NCS consistent with demyelinating generalized neuropathy with associated axonal features [Figure 2].
NIF and FVC q4h.
Anti-Campylobacter Antibody: Negative.

GBS is rapidly progressive with maximal weakness reaching peak within 4 weeks, with recovery taking 6 months in severe cases.

Patients unable to walk at time of presentation can last for years and sometimes never recover [3].

Case Description

61-year-old right-handed male with no significant past medical history who presented due to bilateral lower extremity weakness that started 3 days prior to presentation.

Four days prior to presentation, patient states that he had an episode of loose stools after eating hot wings at a restaurant.

Upon waking up the next day, patient stated to have bilateral lower extremity weakness, difficulty ambulating, progressing to episodes of falling down.

Patient's symptoms also included: numbness/tingling from lower extremities progressing to bilateral hands.

Day 1: Patient shows 4/5 motor strength symmetrically in bilateral lower extremities, mEgos score 7 [Table 1]. Areflexia of both upper and lower extremities bilateral. Started treatment with IVIG due to clinical symptoms/aluminocytologic dissociation CSF.

Day 3: Improvement of lower extremity strength with return of deep tendon reflexes of upper and lower extremities bilateral.

Day 5: Completion of IVIG treatment with significant improvement of patients symptoms and discharged to inpatient rehab.

Completed 12 days of inpatient rehab with progression to modified independent for mobility and ADL's.

References