

A novel combination for the treatment of Guillain-Barré syndrome (GBS): Experience at a Private Hospital in Puebla, Mexico.

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Introduction

Therapeutic plasma exchange (TPE) has shown to hasten recovery in patients with GBS¹. The Committee of the American Society for Apheresis (ASA) recommends TPE up to 6 sessions in severe cases of GBS (A1 recommendation), or Intravenous immunoglobulin (IVIg), or TPE followed by IVIG². The study's objective was to show the outcome of disability grade and cost-effectiveness in a retrospective study of four selected patients with severe GBS, treated with TPE + IVIG at a private hospital in Puebla, Mexico.



Results

CAfter 3 weeks, the treatment significantly decreased GBS disability score and improved Medical Research Council muscle strength scores ($p=0.002$). None adverse events were reported in any procedure. Difficulty in jugular venous access wasn't observed.



AIMS

The study's objective was to show the outcome of disability grade and cost-effectiveness in a retrospective study of four selected patients with severe GBS, treated with TPE + IVIG at a private hospital in Puebla, Mexico.

Methods and Materials

The study retrospectively analyzed clinical data of four selected GBS patients who were treated with 3 TPE sessions (using apheresis system) + IVIG (low dose 0.5 g/kg/day for 5 consecutive days). Fluid replacement with Albumin 5%, and additional treatment with steroids. The medical records were analyzed for demographic data, indications for TPE, results of the treatment, costs and complications. In addition, the patient's muscle strength progress was video recorded.

Conclusions

There was no difference in efficacy with 3 TPE sessions and the combination with IVIG in comparison to ASA recommendations. Both therapies combined showed potential benefits and cost effectiveness. A study with a higher number of patients is needed in order to strengthen the results and provide more accurate suggestions for patients.



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