## **Royal College of General Practitioners and Warwick Medical School**

# Annual Education, Research and Innovation Symposium 16<sup>th</sup> June 2016

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DR RAZIA BUTT, DR REBECCA NEWHOUSE		CASE BASED RESEARCH REVIEW INTO POST PARTUM GULLIAN BARRE SYNDROME	

## What's the problem you are tackling?

I came across an interesting patient case and one that I am passionate about Women's Health in Obstetric care. I saw a 33 year old female patient who attended to see the GP, and I was absolutely alarmed by her experiences of post partum GBS. She was 10 weeks post partum and following a short viral illness she deteriorated with GBS. Having gone through an ordeal like hers, it seems she was still recovering from the after effects, 2 years on, with chronic peripheral sensory disturbance in her distal leg limbs. This has inspired me to undertake research further into post partum GBS, how this presents and what the short term, long term and psychological effects are.

## How did/will you do it?

I have analysed the patient case in some detail and carried out an extensive research into post partum GBS using ovid medline evidence based research journals.

### What did you find?

GBS is a debilitating condition. It is acute inflammatory polyradiculoneuropathy, with diminished reflexes and subsequent weakness. Patients initially complain of parasthesiase, numbness or sensory changes beginning distally initially and resulting in ascending paralysis. Patients may present with vague non-specific viral illness symptoms prior to onset of GBS with rapid deterioration into respiratory failure requiring intubation and mechanical ventilation. I found that GBS is rare in pregnancy and carries a high maternal risk, morbidity and mortality, and can relapse during successive pregnancies. Treatment with iv immunoglobulins and supportive measures has been shown to reduce progression and severity of disease and help with recovery.

#### Why does this matter?

Simple viral illnesses most of the time recover but in some cases this can pre-dispose to conditions such as GBS, therefore educating fellow colleagues may enable us to detect and refer patients early in primary care experiencing related neurological symptoms for prompt diagnosis and treatment and support their aftercare and chronic symptoms on follow up.