

Guillain–Barré syndrome

Jia He¹

Peng Liu¹

Xianzheng Tan¹

Author details can be found at the end of this article

Correspondence to:

Peng Liu;

lpradiology@163.com

A 2-year-old boy presented with progressive lower extremity weakness and bilateral leg pain. Enhancement of the cauda equina was seen on sagittal post-gadolinium T1-weighted magnetic resonance imaging (**Figure 1a**) with swelling and hyperintensity of the bilateral nerve roots on axial post-gadolinium T1-weighted magnetic resonance imaging (**Figure 1b**). Analysis of the CSF showed albuminocytological dissociation. The patient was diagnosed with Guillain–Barré syndrome. The patient was treated with intravenous immune globulin and showed marked improvement 1 week later.

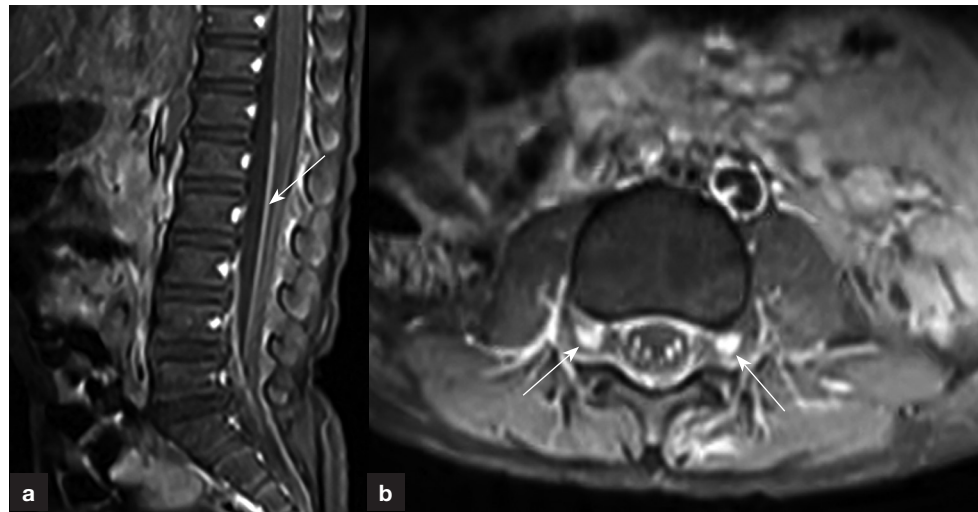


Figure 1. Spinal magnetic resonance imaging scan of a 2-year-old boy. a. Sagittal post-gadolinium T1-weighted and (b) axial post-gadolinium T1-weighted reveal enhancement in the cauda equina root and bilateral nerve root (white arrows).

The diagnosis of Guillain–Barré syndrome is contingent on clinical history and examination, and is supported by ancillary investigations, such as CSF examination. In preschool patients, refusal to walk and pain in the legs are the most frequent initial symptoms (Roodbol et al, 2011). The presence of nerve root enhancement on gadolinium-enhanced magnetic resonance imaging is a non-specific but sensitive feature of Guillain–Barré syndrome and can support the diagnosis, especially in young children (Byun et al, 1998).

Author details

¹Department of Radiology, The First Affiliated Hospital of Hunan Normal University (Hunan Provincial People's Hospital), Changsha, China

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