

INTISARI

Latar belakang

Sindrom Guillain-Barré (SGB) adalah polineuropati autoimun akibat penghancuran saraf sistem saraf perifer yang menyebabkan kelumpuhan. Kesulitan dalam pengelolaan anak SGB meliputi kerusakan saraf perifer, keterlibatan saraf kranial, disfungsi otonom dan dampak psikososial di masa depan.

Kasus

Seorang anak laki-laki 10 tahun dengan obesitas dirawat di rumah sakit rujukan di Yogyakarta dengan parese tungkai bawah tanpa penurunan kesadaran. Pasien merupakan anak sehat dengan status vaksinasi yang lengkap. Pasca 5 jam perawatan, terjadi perburukan kondisi klinis dan terdapat disosiasi sito-albumin dari pemeriksaan lumbal pungsi. Pemeriksaan Elektro Neuro-Miografi (ENMG) mengidentifikasi sindrom Guillain-Barre dengan tipe Neuropati Aksonal Sensorik Akut (AMSAN). Progresifitas AMSAN cukup cepat melibatkan otot paralisis otot pernapasan, sehingga pasien mengalami gagal napas dan dilakukan intubasi. Imunoterapi awal yang diberikan berupa imunoglobulin manusia intravena (IVIG) 0,6 g/kg/hari selama lima hari. Setelah 18 hari terintubasi, pasien menjalani trakeostomi dan mulai menyapih ventilator. Perawatan dilanjutkan di bangsal. Pasien menunjukkan perbaikan klinis setelah 49 hari dirawat di rumah sakit dan melanjutkan fisioterapi rawat jalan. Perbaikan secara signifikan berlangsung dalam 2 tahun dengan gejala sisa minimal.

Kesimpulan

Sebagian besar anak menunjukkan pemulihan defisit neurologis yang baik setelah 6 bulan, tetapi beberapa akan mengalami gejala sisa jangka panjang yang mempengaruhi sosial, pertumbuhan dan perkembangan anak di masa depan. Intervensi yang tepat dan cepat adalah kunci keberhasilan terapi.

Kata kunci

Guillain-Barre syndrome, anak, gejala sisa

ABSTRACT

Background

Guillain-Barré syndrome is an immune-mediated polyneuropathy that results from the autoimmune destruction of nerves in the peripheral nervous system causing paralysis. Difficulties in the management of GBS children include peripheral nerve damage, cranial nerve involvement, autonomic dysfunction, and psychosocial problems.

Case

Obese children were admitted to a reference hospital in Yogyakarta with paresis of lower limbs without cognitive changes. The child was 10 years old with an updated vaccination status and previously healthy. After 5 hours of admission, due to the worsening of his clinical condition and the albumin-cytological dissociation identified with Acute Sensory Motor Axonal Neuropathy (AMSAN) a rapidly progressive subtype of Guillain-Barre syndrome that caused him to fall into respiratory failure, he was intubated and started immunotherapy with intravenous human immunoglobulin, 0.6g/kg/day for five days. After 18 days of being ventilated, he got a tracheostomy and started weaning the ventilator, and discard to the ward. He showed a clinical improvement in his general condition after 49 days of hospitalization. 2 years after onset, there was a significant improvement in neuropsychomotor development, despite slight sequelae.

Conclusion

Most children show good recovery of neurological deficits after 6 months, but some will experience long-term sequelae that affect the social, growth, and development of children in the future. Appropriate and prompt intervention is the key.

Keywords

Guillain-Barre syndrome, children, sequelae