

00309 **Help Doctor, I Can't Feel My Legs! – Isolated Bilateral Lower Limb Paresthesia Presenting to the Emergency Department**

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Aims: An atypical case of Gullain-Barré syndrome (GBS) presenting to the Emergency Department (ED) is detailed to remind physicians of the varied presentations of this potentially fatal disease. A quick approach to bilateral lower limb paresthesia and key evaluation and management steps of the case are also emphasized for learning value.

Methodology: This is a case report.

Result: An elderly lady presented with acute bilateral lower limb paresthesia progressive from her toes to her knees resulting in inability to walk. Her medical history included hypertension, impaired fasting glucose, osteoarthritic knees, L5 spondylosis, and recent upper respiratory tract infection. Physical examination revealed non-dermatomal patchy loss of pinprick sensation over her bilateral lower limbs with preserved DTRs, intact proprioception of the big toe, and normal power in all limbs. Other physical examinations were normal and a CT brain and biochemical investigations were unremarkable. She was admitted to Neurology given the acute inability to walk from a previously well state. Weakness set in and ascended to affect all four limbs together with loss of DTRs and bilateral upper motor neuron facial palsy with dysphasia and dysphagia one day later. A lumbar puncture showed albuminocytological dissociation. A diagnosis of GBS was made and standard treatment started alongside supportive management.

Conclusion: GBS is a serious but treatable disease in which early intervention is beneficial; it is thus imperative for physicians to be cognizant of its varied presentation and to always maintain a high index of suspicion for acute functional decline in an elderly patient. Common reasons for a missed or mis-diagnosis of GBS include preserved DTRs, pure sensory symptoms (as with this case), and atypical patterns of weakness. Inappropriate discharge or admission could have resulted in significant harm for the patient and this could be avoided with a critical eye taken from the start.