patient was started on oral prednisolone with clinical and neuro-
physiological improvement.

Conclusion: In this case, we admit the presence of an isolated
vasculitis of peripheral nervous system, and speculate that the trigger
mechanism of the vasculitis is a late immunological process sec-
ondary to previous and persistent mycobacterium antigen exposition.

P472
Prognostic factor associated with rapid recovery
in patients with Guillain–Barré syndrome

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Objectives: We aimed to study epidemiological, clinical, laboratory,
and electrophysiological features and correlation of these parameters
with prognosis in Guillain–Barré syndrome (GBS) patients with good
outcome.

Methods: The 22 patients with GBS were enrolled, who were hos-
pitalized and followed up at a tertiary hospital center during January
2005–October 2010. We described age, gender, antecedent infections,
presenting symptoms, clinical severity with GBS disability scale, cranial
nerve involvement, presence of respiratory distress, laboratory, electro-
physiological findings and treatment, and analyzed the correlation
between the data and prognosis in all patients with good outcome.

Results: Cerebrospinal fluid (CSF) protein level (correlation coefficient: 0.554, p = 0.007), clinical severity (GBS disability scale, correlation coefficient: 0.870, p < 0.001) and the timing of intraven-
nous immunoglobulin G (IVIG, correlation coefficient: 0.519, p = 0.013) treatment were strongly associated with recovery of ill-
ness. Ten patients with normal CSF protein rapidly improved to GBS
disability scale 0 or 1 within 1 month, whereas other 12 patients with
high CSF protein showed slow recovery. Additionally, the patients
with low GBS disability scale or early IVIG therapy rapidly improved,
as contrasted with the other patients with high GBS dis-
ability scale or delayed IVIG therapy.

Conclusion: The current study revealed significant prognostic
factors in recovery of GBS, although the favorable prognostic factor
in GBS patient calls for further large studies surveying biochemical
analysis of CSF and longitudinal changes involving biochemical
markers in extended GBS patients. Normal CSF protein, low GBS
disability scale and early IVIG therapy are strongly associated with
rapid recovery in GBS patients with consequently good outcome.

P474
Asymptomatic posterior reversible encephalopathy
syndrome-like brain MRI in a case of Guillain–Barré
syndrome

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Background: Posterior reversible encephalopathy syndrome (PRES)
was first reported in 1996 and consists of a reversible vasogenic oedema
predominating in the cerebral posterior white matter. There
are several known causes of PRES, including hypertension and
insulin-dependent diabetes (IDDM) therapy. We report the case of an
asymptomatic PRES during the course of a Guillain–Barré syndrome
(GBS).

Case report: A 67 years old woman, with background history of
polyrheitis, observed by acute onset of malaise, anorexia and low
back pain followed by vomiting and diarrhea, vision impairment,
and disorientation beginning 1 day before admission. Objectively, she
presented time and space disorientation, blindness and hypertension.
Cerebral CT scan revealed questionable bilateral occipital hypo-
densities. The cerebrospinal fluid (CSF) was normal and the
electroencephalogram presented moderate encephalopathy. She was
admitted in Neurology Department and treated with prednisolone
(50 mg) for control of inflammatory arthropathy. Four days after
admission she had left peripheral facial paresis and flaccid areflex,
predominantly proximal and of lower limbs, tetraparesis. New CSF
showed elevated protein level, starting immunoglobulins. Marked
hemodynamic instability with frequent hypertensive peaks was
recorded. Magnetic Resonance Image showed marked cortico-sub-
cortical signal abnormalities, involving occipital, parietal and frontal
lobes, bilaterally, characteristic of vasogenic edema. The patient
completed 5 days of treatment with immunoglobulin and methyl-
prednisolone, without clinical response. By day 11, deterioration of
consciousness occurred with correspondent increased extent of the
imaging abnormalities. Steroids were restarted, without improvement.
In day 15 she was admitted in the Intensive Care Unit for sudden
respiratory failure, with apnea periods and respiratory arrest. The
patient died on day 20.

Conclusions: This case raises two distinct important issues that
requires our attention and without clear solution: a rare presentation
of GBS with PRES, assuming that this usually reversible association is
a consequence of autonomic dysfunction, and in other hand, the
secondary increase of cerebral edema with therapy (immunoglobulins
and steroids) also related with development of PRES.

P473
Posterior reversible encephalopathy syndrome
and Guillain–Barré syndrome: diagnostic
and therapeutic challenge

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Introduction: The autonomic dysfunction with fluctuating blood
pressure is a common complication of Guillain–Barré syndrome
(GBS). In turn, Posterior Reversible Encephalopathy Syndrome
(PRES) is precipitated by hypertensive crisis and clinically charac-
terized by encephalopathy, seizures, headaches, impaired vision, and
symmetrical vasogenic edema observed preferentially in the posterior
regions. A rare and reversible association of GBS / PRES has been
described in the literature.

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