Unusual cause of recurrent flaccid paralysis in a child

Sir,

I read with interest the recent article by Jain et al. They report a child with two episodes of acute flaccid paralysis occurring at ages two and four years respectively, as a manifestation of serum sickness (related to ecfadroxil administration). However, I would like to make certain observations.

Firstly, Jain et al have not presented the details of the nerve conduction studies and therefore, the electrophysiological pattern (axonal or demyelinating) is not apparent in this report. However, the child fulfils the diagnostic criteria for Guillain-Barre syndrome (GBS). A detailed report of nerve conduction studies would help in further characterization of the disease.

Secondly, we need to exclude certain other conditions in a child presenting with arthritis and flaccid quadriparesis, as GBS is a rare manifestation of serum sickness. These include Lyme disease, Campylobacter jejuni infection and common variable immunodeficiency with autoimmune disease. Exclusion of these possibilities would have further supported a diagnosis of GBS.

Finally, I have concerns regarding the use of steroids in treating this child. The current consensus is to use either plasma exchange or intravenous immunoglobulins for treating GBS in children as steroids have not been found to be beneficial. Moreover, children treated with steroids have been found to have a higher rate of relapse of GBS.

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References: