axonal forms show a faster and more severe course with more cranial nerve involvement and need for mechanical ventilation (9,17). In our study, autonomic involvement and mechanical ventilator requirement was greater in axonal involvement (especially in the group diagnosed with AMSAN).

IVIG or IVIG + TPE treatments did not differ in prognosis for all GBS subgroups.

Although the AMAN form of GBS is traditionally associated with poor clinical prognosis, it has been demonstrated that AMAN patients can also recover rapidly (9,10). In our study, similarly, axonal variants were found to have high GBS disability (Hughes) scores and low MRC scores on admission, but when examined for improvement in both GBS disability scores and MRC scores, it was found that axonal variants improved better than the demyelinating variant at the end of six months. Considering the expected delay in nerve regeneration following an axon damage, this rapid healing pattern seems surprising. This may be explained by early diagnosis of patients, prompt access to treatment options (IVIG, TPE), responding the need for mechanical ventilators and providing adequate supportive therapy. Although the mechanism is not clearly defined in axonal forms, it is thought that antiganglioside antibodies (anti GM1) and complement products cause temporary nerve conduction loss due to inactivation of voltage-gated sodium channels (9,11,17). It has been reported that focal axonal membrane damage may occur as a result of this temporary inactivation (17). The severity of the local immune reaction may lead to reversible conduction failure or axonal degeneration. If the autoimmune attack is limited in a small area and can be treated early, nodal function may improve rapidly and axonal degeneration is not observed (9,17). Therefore, early diagnosis and treatment of these patients is crucial.

CONCLUSIONS

With respect to the information stated above, it can be concluded that the patients with acute axonal damage, electrophysiological conduction block and those received prompt treatment can have a better prognosis.

As a result, we think that with a study that is including a greater number of patients, we would have more data on the subtypes of GBS, clinical severity, treatment responses and disease outcomes that are seen in our country. However, this study may contribute greatly to meta-analysis in the future.

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