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### Diagnosis, prognosis, treatment and outcome of Guillain-Barré syndrome in Bangladesh

- 1 The criteria from the Brighton Collaboration are suitable for the diagnosis of GBS in Bangladesh and other resource limited settings (*This thesis*).
- 2 The presence of anti-GM1 antibody in patients with GBS is not exclusively associated with the acute motor axonal neuropathy (AMAN) form of GBS. (*This thesis*)
- 3 Motor conduction block is not a distinctive feature of demyelination. (*This thesis*)
- 4 Antecedent infections with varicella zoster virus infection are exclusively associated with the demyelinating form of GBS (*This thesis*)
- 5 Although Zika virus infection is endemic in Southeast Asia, the risk of triggering GBS by Zika virus infection is low in Bangladesh. (*This thesis*)
- 6 In Bangladesh, the severity of muscle weakness at nadir is the most important prognostic factor for the long-term neurological outcome in GBS (*This thesis*)
- 7 In Bangladesh, Small Volume Plasma Exchange is a safe and feasible procedure in patients with GBS unable to afford the standard therapies. (*This thesis*)
- 8 Pathogenic anti-ganglioside antibodies, can be cleared from the systemic circulation by neuronal endocytosis through motor endplates and thereby reduce their concentration in serum. (*Madeleine E. Cunningham et al. Brain. 2016 Jun; 139(6): 1657–1665*)
- 9 The true incidence/frequency of patients with GBS in Bangladesh is unknown as patients with mild disease do not seek health care through hospitals.
- 10 Changes in the socioeconomic status and hygiene practice can change the disease phenotype of GBS in a geographical area. (*Liu S et al. J Neurol Neurosurg Psychiatry. 2018 Jun;89(6):618-626*)
- 11 Success consists of going from failure to failure without loss of enthusiasm. (*Sir Winston Churchill 1874-1965*)