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.


11. Success consists of going from failure to failure without loss of enthusiasm. (Sir Winston Churchill 1874-1965)