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**To:**

Compassionate Allowances Program Office  
Social Security Administration

**From:**

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## Proposed Condition Name

**Guillain-Barré Syndrome (GBS)**

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## Alternate Names

- Acute Inflammatory Demyelinating Polyradiculoneuropathy (AIDP)
  - Acute Motor Axonal Neuropathy (AMAN)
  - Acute Motor-Sensory Axonal Neuropathy (AMSAN)
  - Miller Fisher Syndrome (MFS, GBS variant)
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## Summary

Guillain-Barré Syndrome (GBS) is an acute, immune-mediated polyradiculoneuropathy characterized by rapidly progressive, symmetrical limb weakness and diminished or absent deep tendon reflexes. The disease often follows an infection, vaccination, or other immune stimulus, triggering an aberrant autoimmune attack on peripheral nerve myelin or axons [1,2].

GBS can progress to life-threatening respiratory failure and autonomic dysfunction within days. Even with treatment, many patients experience prolonged recovery, residual weakness, sensory deficits, and persistent fatigue [3,4]. The condition requires urgent diagnosis and hospitalization, often with ICU-level monitoring.

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## Description of Condition

GBS is an autoimmune neurological disorder where the immune system targets peripheral nerve components, leading to demyelination or axonal injury [2]. Symptoms typically begin with paresthesias in the feet and legs, followed by ascending weakness that may progress to involve the arms, cranial nerves, and respiratory muscles [1,3].

Autonomic involvement may cause cardiac arrhythmias, blood pressure instability, urinary retention, or gastrointestinal dysmotility [2,4]. Without prompt treatment, progression can be rapid and severe.

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## Diagnostic Testing

### Clinical Diagnosis:

- Progressive, relatively symmetrical weakness in more than one limb
- Areflexia or hyporeflexia
- Disease course reaching nadir within 4 weeks [1]

### Confirmatory Testing:

- **Nerve Conduction Studies (NCS) / Electromyography (EMG):** Slowed conduction velocities, conduction block, or axonal loss [3]
- **Lumbar Puncture:** Elevated cerebrospinal fluid (CSF) protein with normal or near-normal cell count (“albuminocytologic dissociation”) [2]

### Ancillary Testing:

- Pulmonary function tests to monitor vital capacity (for respiratory involvement)
- ECG/telemetry for autonomic instability [4]

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## Physical Findings

- Symmetrical limb weakness (distal > proximal early, then progressing proximally)
- Absent or decreased deep tendon reflexes
- Cranial nerve deficits (facial weakness, ophthalmoplegia in MFS)
- Gait instability or inability to walk without assistance
- Signs of autonomic dysfunction (labile BP, tachyarrhythmia, ileus) [1,2]

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## ICD-10 Codes

- **G61.0** — Guillain-Barré syndrome
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## Onset

Often occurs **1–4 weeks after an antecedent event** such as:

- *Campylobacter jejuni* infection
  - Other viral/bacterial respiratory or gastrointestinal infections
  - Vaccination
  - Surgery or other immune-activating events [1,2]
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## Course / Progression

- **Acute Phase (Days–Weeks):** Rapid progression of weakness, potential respiratory compromise, autonomic instability [1]
  - **Plateau Phase (Days–Weeks):** Weakness stabilizes but may require mechanical ventilation, tube feeding, or hemodynamic support [3]
  - **Recovery Phase (Weeks–Months, sometimes Years):** Gradual return of strength; many patients have residual neuropathic pain, weakness, or sensory loss [4]
  - 20–30% of patients require ventilation; 5–10% have permanent severe disability; mortality ~3–7% despite optimal care [2,4]
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## Treatment

### First-Line Therapies:

- Intravenous immunoglobulin (IVIG)
- Plasma exchange (plasmapheresis) [3]

### Supportive Care:

- ICU monitoring for respiratory and autonomic complications
- Physical and occupational therapy during recovery
- Pain management for neuropathic pain [2]

### Experimental / Adjunctive:

- Immunomodulators in recurrent or treatment-resistant cases [4]

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## Rationale for Compassionate Allowance

- **Rapid onset and severe disability**—patients may become bedbound within days [1].
  - **High risk of respiratory failure** requiring mechanical ventilation [2].
  - **Long-term functional impairment** despite treatment, including inability to walk, work, or perform activities of daily living [3,4].
  - **Clear diagnostic criteria** and confirmatory testing [1,3].
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