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COMMENTARY

Natural course of Guillain-Barré syndrome

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In this retrospective study based on a registry, Kalita et al. [1] compared the outcomes of 189 patients with Guillain-Barré syndrome (GBS) who received intravenous immunoglobulin (IVIg), with 199 age- and peak disability-matched patients who did not receive any immunomodulation or plasmapheresis, thus representing the natural course of GBS. Numbers for in-hospital deaths and poor recovery at 3 months were similar between the two groups. At 6 months, 8.3% of the natural course subgroup, but only 2.2% of the IVIg group, had a poor outcome. After the patients had been divided into those with the acute motor axonal neuropathy (AMAN) phenotype and the acute inflammatory demyelinating polyradiculoneuropathy (AIDP) phenotype, only those with the AIDP phenotype had a better 6-month outcome with IVIg.

This study could not have been done in any setting where IVIg or plasmapheresis, the two established treatment modalities for GBS, are readily available. In fact, no clinical trial in GBS with a placebo arm would receive an ethics commission's approval for being carried out. Thus, data like the ones presented in this study are very valuable for our understanding of GBS treatment. The International Guillain-Barré Syndrome Outcome Study (IGOS) is collecting data on GBS patients around the world in a registry. Thus, here is another chance to compare outcomes of patients with and without immunomodulatory treatment. In one report from the IGOS group on current practice of GBS treatment, 193 patients from Bangladesh were excluded from the analysis, because 83% of them were not treated [2]. A study from Bangladesh reported a high mortality (12%) in GBS patients [3]. This was mainly due to lack of ventilator support. In this cohort, 71% of patients are reported as not receiving treatment. Lack of treatment was not a risk factor for mortality; however, the type of treatment is not specified in the report. Together, these data support the notion that intensive care support is more crucial for the survival of GBS patients than the immunomodulatory treatment [4].

We need to consider that the natural course subgroup in the study by Kalita et al. did not renounce treatment out of their free will or for medical reasons. The mere reason was that these patients could not afford the treatment. The group for natural course was matched to the IVIg group by the authors according to age and peak disability. Thus, any questions on whether disability did, in the end, influence the decision on treatment cannot be answered by the present study. However, the authors might further analyze their registry for this question.

AUTHOR CONTRIBUTIONS

Claudia Sommer: Conceptualization (equal); writing – original draft (equal); writing – review and editing (equal).

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CONFLICT OF INTEREST

C.S. is a member of the International Guillain-Barré syndrome Outcome Study (IGOS) consortium.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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Commentary on: Outcome of Guillain-Barré syndrome following intravenous immunoglobulin compared to natural course, EJoN-21-3022, by Kalita et al.

See paper by J. Kalita et al. on page 3071.

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