

## **A case of hepatitis a presenting as AMSAN**

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Guillain-Barré syndrome (GBS) is an acute, frequently severe, and fulminant polyradiculoneuropathy that is autoimmune in nature. It has two axonal variants, which are often clinically severe—the acute motor axonal neuropathy (AMAN) and acute motor sensory axonal neuropathy (AMSAN) subtypes.

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Date of Submission: 12-03-2022

Date of Acceptance: 27-03-2022

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### **CASE PRESENTATION**

15 years male presented with mild fever and symmetrical weakness of both lower limbs progressing to both hands with drooling of saliva from either side of mouth with yellowish discolouration of eyes with mild upper back pain with no other co morbidities. Patient had areflexia with sensory and autonomic involvement with no involuntary movements or meningeal signs and an intact coordination. Liver enzymes were raised with normal S.CPK levels, CSF analysis, MRI cervical and thoracic spine with HAV IgM Ab positive and NCV showing an axonal motor sensory peripheral neuropathy. All other infectious etiologies were tested negative. A diagnosis of AMSAN was made etiology attributed to HAV infection. Patient was managed with I/v IgG.

### **CONCLUSION**

A rare presentation of AMSAN attributed to acute Hepatitis A infection should be considered.

