In 1892, Osler classically described acute febrile polyneuritis.

Guillain/Barre/Strohl in 1916 characterized Albumino/cytologic/dissociation(ACD)

In 1956, Miller/Fisher(MF) described an ataxic/pseudo/internuclear/opthalmoplegic[PINO]clinico/pathologic/immunologic variant.

LGBS is a post-infective/immune-related/symmetrical/motor,/occasionally sensory/areflexic/flaccid/ascending/demyelinating/polyneuropathy. Clinico/pathologic/ geographic/molecular/epidemiologic distinct variants were described. Presumptively diagnosed, in appropriate clinical settings, by ACD/F-wave/conduction/latency /immunological/ MRI perturbations. However its chronology/ temporality/ clinico/patho/radiological/ patterns may be occasionally non-specific/characterless. Relative to inflammatory-demyelinopathies, axonopathies implicated longer coursed nerves most. Structural/functional recoveries occurred most rapidly in inflammatory-demyelinopathies. In otherwise previously healthy children, a rich anastomic/microvasculatic/meshworked vaso-nervorum made immuno/vasculitic/end arteritic obliterative/ischaemic/polyneuropathies unlikely epi-phenomena. Previously, most investigations targeted adults.

This paper addressed a single referral centres experience with childhood/

LGBS to illuminate these aspects.

Methods: LGBS cases were analyzed for historical/clinical/pathological /radiological details.

Results: 48 cases were concerned (n=31) presented in dry season/ M: F= 5:7/ mean age = 7.8 years. In (n=35) an associated infective antecedent 2-4 weeks previously, ARIs(n=25)/acute gastroenteritis(n=9). Predominant features were acute progressive ambulatory difficulties /cephalgia/myalgia/sensory defects/flaccidity/ areflexia/hyperhydrosis/PINO.

Objective-subjective /laboratory/ functionality recovery phenomenologies inferred AIDP(n=17)/AMAN(n=16)/AMSAN(n=9)PC (n=6) / M-F(n=1) DN (n=3) respectively.

On ambulatory follow ups, suboptimal /tardively resolving cases were asymptomatic. Gastroenteritic precedents were commonly associated with atypicalities.

Antimicrobial applications for co-existent RTIs/ UTIs/ physico-therapy, carbamazepine for neuro-myalgias expedited recovery/ precluded invasive investigations/interventions

/ventilatory support/opioids/plasmapheresis/immunoglobulin expedited timely discharge.

Conclusions/importance: Experientially, LGBS presented tardively.

Its putative antecedent/epidemiology / features/ periodicity/ laboratory profile could suggest the likely neuropathologic subsets in an individual case. The poliovirus must not be considered an antecedent in LGBS.

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THE ANTECEDENTS, NATURAL HISTORY AND INTERVENTIONS OF BRACHIAL PLEXOPATHIES (BPS); WITH IMPLICATIONS FOR PATTERNS OF ACCIDENTAL AND NON-ACCIDENTAL INJURIES

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Background / purpose: BPs are defects in the anterior rami of C5 to C6 or C7 -Erbs-Duchenne-(ED), C8 to Th1-Dejerine-Klumpkes-(DK) spinal nerves which impulsates the upper limbs musculatures due to perilesional oedema, haemorrhages, neuro-axonotemesis, contusions or Wallerian degenerations. Occasionally BPs-acute traumatic injury (ATI) are radiologically indistinct epi-phenomena in infancy. Some of its aspects were either unaddressed/uncharacterized/contentiously discussed or not uniformly adaptable.

Method: A prospective observational study of cases in a single referral centre.

Results: Of the 64 cases, (n=48) were perinatally related.

Appropriately supervised deliveries(n=17)/delayed supervision(n=19)/absolutely

unsupervised(n=12)Localizations: right (n=38). Putatively principal, antecedents'

were macrosomia-dystocia/assisted-breech .Limited range of motion,(ROM)/neuro-

myalgia/neurodevelopmental delay/torticollis/facial palsy/sensory defects/flaccidity were eloquently featured.

Anatomical complexities/overlapping effects of BPs rendered classifications oversimplistic, however, an adducted arm /an internally rotated shoulder/a pronated fore arm/a decreased elbow flexion/the presence of a grasp but not a biceps reflex/normal hand (ROM) but no Moro reflex/ nosologically consistent with EDBP(n=34), whereas normal shoulder/elbow use, but hand/fingers palsy/ Horner's syndrome consistent with DKBP (n=4)/ overlapping features(n=10),Predominantly,rapid recovery suggested prognostically excellent neuropraxic sequences, whereas, occasional fibrosing, neuromatous compressive phenomena portended delayed recovery. For other subsets, accidental unbalanced differential traction during infant minding, misguided child's play or motoring related ATI (n=16)were significantly implicated precedents suggestive of a disruptive-avulsive

pattern, auguring delayed residual resolutions. Intractable defects despite specific evaluations/ physico-stimulatory interventions implied progression to advanced electrophysiology/imaging, neurolysis, explorative/ reparative interventions or electromyoneurography/novel therapeutic modalities.

Conclusions/importance: The analytic epidemiology of BP is dynamically variable. Experientially, dystocias are important antecedents. Characterizing estimates/patterns of BPs proffers apposite figures for research directions/specific deterrent interventions.

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AN OVERVIEW OF THE HETEROGENEITY AND COMPLEXITIES IN THE PATHOBIOLOGY,MOLECULAR MECHANISMS, NATURAL HISTORY AND INTERVENTIONS IN PAEDIATRIC MYASTHENIA GRAVIS(MG).

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Background/purpose: Originally described by Thomas Willis (1621-1675) (MG) results from a postsynaptic impairment of neuromuscular transmission resulting in abnormal muscle fatigability following repeated stimulations due to immune mediated deficiency of AchRs/ectopic

thymic elaboration of (CXCL13).Anecdotally, JMGs were autoimmune related, CMGs were genomically determined, hence elevated AchRantibodies were non/universal. Recognised MG subtypes include/ Neonatal/AcquiredMGs/Congenital Achdeficiency ArthrogrypticMGs/Familial Fast/slow Channelopathies/Congenital OcularMGs / Ocular MGs/ latent general MGs (LGMGs) of / Limbgirdle MGs. Ongoing concerns suggests that its childhood incidence is considerably higher than was previously reported. This paper, proffers a single referral centres experience with ChildhoodMGs Methods,Cases/Interventions:

A prospective observational case series study.

Results: 24 Cases overall, Females(n=19)Ocular MGs (n=7) Juvenile MGs, (n=4), Congenital MGs (CMG), (n= 6), CMG with arthrogryposis (n=3) Ocular autoimmune with thyrotoxicosis (n=4), generalized autoimmune MGs with thyrotoxicosis (n =3) Lateralised ocular involvement in MG previously thought to be an unusual phenomenon were commonly featured in all subsets. All cases achieved the primary outcome measure of correction of blepharoptosis with a functionally/cosmetically acceptable increase in the interpalpebral fissure height precluding progressions to invasive interventions / thymectomy /single fibreEMGs/ immunomodulation/plasmapheresis. In older children progressive muscle weakness on repetitive muscle action improved. Steroid responsiveness were uniformly satisfactory/a rapidly regular phenomenon in the non-autoimmune subsets, whereas, it was previously considered an unusual phenomena /made case reports. There were no Myasthenic/Cholinergic crisis.

Conclusion/importance: Against previous inferences,age/steroid responsiveness may not be very robust supportive criteria for differentiating JMG/ CMG/other subsets.

These results may provide further insights into pathogenesis /clinical evaluations /

Future specific research directions/ interventions.