

Author's Reply



Consider Differentials before Diagnosing AMSAN in COVID-19 Patients

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Thank you for taking the time to review our article.¹ Your comments are valuable to us and will help us to revise our future related papers. Below are some points in response to the comments made by you.

The patient was admitted to our hospital during the peak stage of COVID-19 in our country. The decision for transferring the patient from ICU to the ward was made by our ICU managing team (including internal medicine specialists and anesthesiologists) because her respiratory situation was improved and she was extubated without any difficulties. Her O₂ saturation was 92% with mask at the time we transferred her to the ward. Another reason for this decision was our limited ICU capacity, considering the fact that we had more critical ill patients waiting for a vacant bed in the ICU.

As we mentioned in the discussion part, critical illness neuropathy and myopathy usually occur in patients who stay in the ICU for a long time (at least ≥7 days). There are diagnostic criteria for critical illness neuropathy and myopathy. Having difficulties in weaning off of mechanical ventilation is one of the major diagnostic criteria for critical illness myopathy and neuropathy.² Our patient was in the ICU for only 10 days and did not experience any respiratory deterioration during extubation and after that, during her stay in the ICU.

Moreover, patients with critical illness neuropathy and myopathy show signs and symptoms of muscle weakness and paresis while they are in the ICU. Our patient did not show any decreased muscle strength in her limbs during her stay in the ICU.

As we discussed in the article, the CSF protein levels are not elevated during the first week in Guillain-Barre syndrome. We obtained CSF and analyzed it for protein in the first week to exclude other differential diagnoses. We intended to repeat the CSF analysis when the disease progressed but unfortunately, it was not possible considering the patient's situation. We faced several obstacles and limitations during the COVID-19 crisis. An intensive workup (including COVID-19 PCR on CSF samples) was not possible in many cases because of the increasing number of hospitalized patients with SARS-CoV-2 infection. Although COVID-19 PCR on CSF samples would be a very helpful tool to confirm the infection, it might not have a specific impact on our patient's disease progression and outcome.

Again, thank you for your valuable comments.

Conflict of Interest Disclosures

None.

Ethical Statement

Not applicable.

References

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