Effects of Plasma Exchange in Patients with Guillain-Barre Syndrome
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Goals: to evaluate the effectiveness of Plasma Exchange (PEX) as a modality of therapy in patients with Guillain-Barre Syndrome (GBS).
Methods: 66 patients diagnosed of GBS (41 males, 21 females, age of 43.1 + 16.1; 25 of whom were on ventilator) were received PEX therapy. The volume of plasma exchange for each session was calculated: $V_{th} = (1-Ht) \times (0.065 \times Wkg)$. Muscle strength (Medical research council criteria) and motor recovery (Hughes criteria) were assessed before and after each PEX session.
Results: Seventy-seven percent (51 out of 66) patients demonstrated muscle strength improvement after each session of plasma exchange with average 48 + 1.4 sessions. 70% patients showed motor recovery after receiving PEX therapy. Patients who received this treatment within 14 days of onset demonstrated better muscle strength improvement in comparison to group receiving the therapy late (>14 days) ($p<0.05; OR=4.08; CI=95\%$). 40 out of 46 patients had demyelinating neuropathy demonstrated motor recovery. Meanwhile, 20 patients who poorly responded to the therapy had both demyelinating neuropathy and axonal neuropathy. The duration from the onset to receiving PEX was 22 + 1.2 week (1-4 weeks).
Conclusions: Plasma exchange is beneficial in majority of patients with GBS when it is carried out early (1-14 days) in the course of the disease. The effectiveness of the therapy is limited when patients had axonal neuropathy.

Changing strategy of treatment in myasthenia gravis: Apheresis in the new practical guideline of Japan
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Plasmanpheresis has been used in acute exacerbation of symptoms of myasthenia gravis (MG), including myasthenic crisis. In Japan, Practical Guideline for MG 2014 has been just released. One of major points of this guideline appears to avoid the adverse effects of long-term use of high-dose steroids, which may markedly deteriorate QOL of the patients. For this purpose, the guideline recommends the goal of treatment should be “minimal manifestations” of MG status with 5mg/day or less of oral prednisolone. To achieve this therapeutic goal, treatment for induction into remission of symptoms in early stage of the disease seems more important than used to be. Therefore, plasmanpheresis, as well as intravenous immunoglobulin and / or intravenous high-dose methylprednisolone (steroid pulse), would become a choice to lead patients with acute symptoms to clinical remission. A typical example would be as follows; induction to remission of MG symptom with plasmanpheresis, followed with steroid pulse, then tacrolimus or cyclosporine with 5mg/day oral prednisolone. In such strategy, we may consider the cost and need supports by the Health Care Insurance.