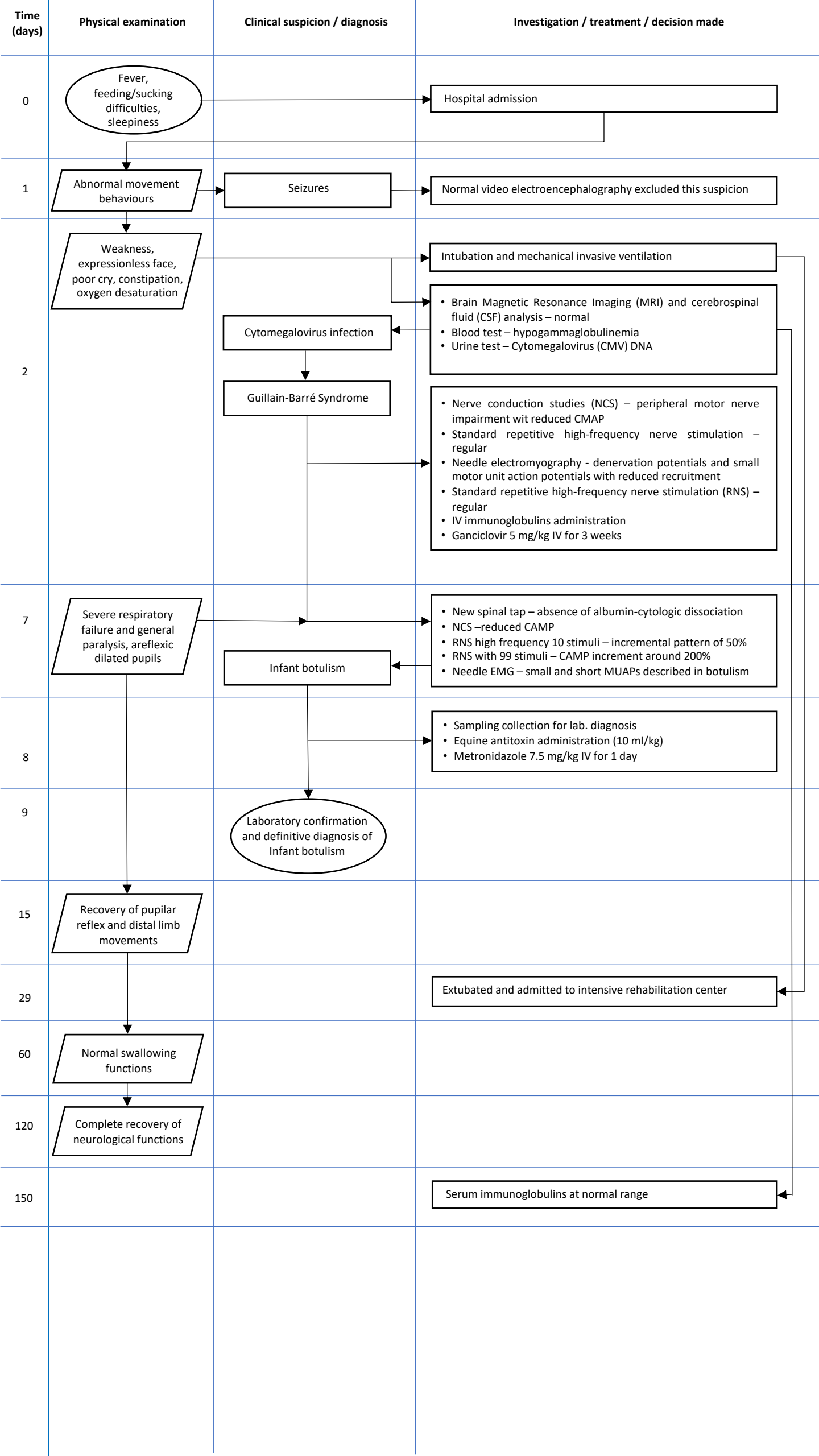
Time (days)
Physical examination
Clinical suspicion / diagnosis
Investigation / treatment / decision made
0
Fever, feeding/sucking difficulties, sleepiness
Hospital admission
1
Abnormal movement behaviours
Seizures
Normal video electroencephalography excluded this suspicion
2
Weakness, expressionless face, poor cry, constipation, oxygen desaturation
Intubation and mechanical invasive ventilation
• Brain Magnetic Resonance Imaging (MRI) and cerebrospinal fluid (CSF) analysis – normal
• Blood test – hypogammaglobulinemia
• Urine test – Cytomegalovirus (CMV) DNA
Cytomegalovirus infection
Guillain-Barré Syndrome
• Nerve conduction studies (NCS) – peripheral motor nerve impairment wit reduced CMAP
• Standard repetitive high-frequency nerve stimulation – regular
• Needle electromyography - denervation potentials and small motor unit action potentials with reduced recruitment
• Standard repetitive high-frequency nerve stimulation (RNS) – regular
• IV immunoglobulins administration
• Ganciclovir 5 mg/kg IV for 3 weeks
7
Severe respiratory failure and general paralysis, areflexic dilated pupils
• New spinal tap – absence of albumin-cytologic dissociation
• NCS –reduced CAMP
• RNS high frequency 10 stimuli – incremental pattern of 50%
• RNS with 99 stimuli – CAMP increment around 200%
• Needle EMG – small and short MUAPs described in botulism
Infant botulism
8
• Sampling collection for lab. diagnosis
• Equine antitoxin administration (10 ml/kg)
• Metronidazole 7.5 mg/kg IV for 1 day
9
Laboratory confirmation and definitive diagnosis of Infant botulism
15
Recovery of pupilar reflex and distal limb movements
29
Extubated and admitted to intensive rehabilitation center
60
Normal swallowing functions
120
Complete recovery of neurological functions
150
Serum immunoglobulins at normal range