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## CASE REPORT ON GULLION BARRE SYNDROME

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#### **Abstract**

Gullion Barre syndrome is a rare and serious autoimmune disorder which mainly affects the peripheral nervous system, the condition further cause weakness and paralysis of various muscles. This disease usually occurs after an infection. A 53 year old male patient presented with the complaints of insidious onset of difficulty in moving limbs. He was unable to stand or walk and also has difficulty in breathing when supine. The counts were checked and they were normal. The examination of limbs shows power grade 2/5 in the right upper limb and 1/5 in all other limbs. Deep tendon reflexes were completely absent and muscle tone was reduced. The nerve conduction study shows, abnormal/subnormal amplitude M wave which suggest axonopathy with no classical features of radiculopathy. The condition was managed by intravenous immunoglobulin 35 gram daily for five days. Intranasal oxygen at 2L/minute, subcutaneous enoxaparin 40 mg daily, vitamin supplements were also given for supportive care. Oral Pregabalin was also given for neuropathic pain. Further management of the condition was done through physiotherapy.

Keywords: Gullion Barre syndrome, autoimmune disorder, axonopathy, intravenous immunoglobulin.

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# PHARMACOEPIDEMIOLOGY OF ANTIBIOTIC USAGE IN VENOMOUS SNAKE BITE CASES: A MULTICENTRE STUDY IN KERALA

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### Abstract

Introduction: Different antibiotics were used in snakebite cases. There were several conflicting recommendations on the use of antibiotics in snake bite victims

Objective: To identify the pharmacoepidemiology of antibiotic usage in venomous snake bites in different hospitals of Kerala

Methodology: Study time: 10 months

Study site: Selected 4 hospitals in Central Kerala (Caritas hospital, Paalana hospital, LF hospital and Charis hospital)

Study design: Retrospective, Observational study

Result: All cases of venomous snake bite cases admitted in general medicine department of selected four hospitals from January 2017 to December 2017 were included in the study. About 26 different types of antibiotics were used. Ornidazole was the most commonly used antibiotic (14.34%) followed by piperacillin (11.81%), metronidazole (11.39%) and ampicillin (10.33%). Other antibiotics used are Cefixime (8.94%), Linezolid (8.64%), Amoxicillin and Clavulanic acid (7.08%), Cloxacillin (5.06%), Cefuroxime (2.95%), Ceftriaxone (2.53%), Azithromycin (1.47%), Ofloxacin (1.26%), Cefoperazone (1.2%), Meropenem (0.63%), Fusidic acid, Vancomycin, Colistin and Clotrimoxazole (0.42%), Levofloxacin, Soframycin, Clindamycin, Ciprofloxacin, Imipenem, Bacitracin and Fluconazole (0.21%). Different formulations of antibiotics used are injection (65%), oral (30%), topical and eye drops (2%). Most of the cases were used more than 3 antibiotics. According to percentage of antibiotics used more than 3 in selected four hospitals of Kerala, Paalana hospital (97.67%), Caritas hospital (29.411%), LF hospital (8.57%) and Charis hospital (6.66%).

Conclusion: There is a need of region specific antibiograms developed to treat snake bite cases in order to prevent patients from progressing to cellulitis which leads to additional hospital burden.

Keywords: Pharmacoepidemiology, snakebite, formulations.

