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Letter to the Editor

The Severity of Muscle Weakness is Not the only Predictor of the Course of Pediatric GBS

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Letter to the Editor

We read the article by Surve *et al*. [1] with interest. Several points require discussion.

First, it was a retrospective study [1]. Retrospective studies have disadvantages such as low data quality, gaps in documentation, unknown variables, the inability to prove causality, susceptibility to memory and selection biases, lack of randomization, difficulties in controlling for confounding factors, and generally lower levels of evidence compared to prospective studies [2].

Second, the triggers of GBS were neither reported nor assessed as predictors of disease progression [1]. Since infections are the most common triggers of GBS [3], and some infections can dominate the clinical presentation (HIV, CMV, EBV, HSV, HZV, HBV, HCV, influenza, Zika, dengue, chikungunya, measles), it is crucial to include them in the analysis.

The third point concerns the diagnosis based on "clinical suspicion of GBS" without confirming the diagnosis through objective examinations such as cerebrospinal fluid (CSF) analysis, nerve conduction studies (NCSs), or magnetic resonance imaging (MRI). In how many patients was the diagnosis confirmed by CSF analysis, NCSs, and MRI? How many patients met the Brighton criteria, level-1?

The fourth point concerns the four patients with Miller Fisher syndrome (MFS) [1]. By definition, MFS is characterized by ophthalmoplegia, ataxia, and areflexia [4]. Why did these four patients require mechanical ventilation? Were GQ1b-antibodies detectable in these four patients?

The fifth point concerns the assessment of dysautonomia in the 29 affected patients. Was a tilt table test, an examination of autonomic reflexes, or heart rate variability measurement performed in these patients? Since the involvement of the autonomic nervous system is a key outcome predictor of GBS [5], it is crucial to know how the autonomic dysfunction was diagnosed. After all, assessing respiratory function by counting breaths does not provide information about the actual strength of the respiratory muscles [1]. Spirometry would have been more reliable.

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References
1. Surve RM, Sharma P, Chakrabarti D, Nisal R, Raghavendra K, Kulkarni GB, *et al*. Clinical predictors of intubation and prolonged ventilation in pediatric Guillain-Barré syndrome requiring intensive care: A retrospective observational study. Brain Dev, May 21, 2026; 48(3):104549. Doi: 10.1016/j.braindev.2026.104549
2. Tofthagen C. Threats to validity in retrospective studies. J Adv Pract Oncol, May 2012; 3(3):181-183.
3. Finsterer J. Triggers of Guillain-Barré Syndrome: *Campylobacter jejuni* Predominates. Int J Mol Sci, Nov 17, 2022; 23(22):14222. Doi: 10.3390/ijms232214222
4. Noioso CM, Bevilacqua L, Acerra GM, Della Valle P, Serio M, Vinciguerra C, *et al*. Miller Fisher syndrome: An updated narrative review. Front Neurol, Aug 24, 2023; 14:1250774. Doi: 10.3389/fneur.2023.1250774
5. Bellanti R, Rinaldi S. Guillain-Barré syndrome: A comprehensive review. Eur J Neurol, Aug 2024; 31(8):e16365. Doi: 10.1111/ene.16365