

- hinari-gw.who.int/whalecomwww.sciencedirect.com/whalecom0/science/article/pii/S138824571300014X
19. Kokubun N, Shahrizaila N, Koga M, Hirata K, Yuki N. The demyelination neurophysiological criteria can be misleading in *Campylobacter jejuni*-related Guillain–Barré syndrome. *Clin Neurophysiol [Revista en internet]*. 2013 [Acceso el 28 de julio de 2013];124(8):1671–1679. Disponible en: <http://hinari-gw.who.int/whalecomwww.sciencedirect.com/whalecom0/science/article/pii/S1388245713000989>
 20. Geetanjali S, Sushma S, Sudhir S. Early electrodiagnostic findings of Guillain Barre Syndrome. *J Neurol Neurophysiol [Revista en internet]*. 2013 [Acceso el 28 de julio de 2013];4:142. Disponible en: <http://www.omicsonline.org/early-electrodiagnostic-findings-of-guillain-barre-syndrome-2155-9562.1000142.pdf>
 21. McGrogan A, Madle GC, Seaman H, de Vries C. The Epidemiology of Guillain–Barré Syndrome Worldwide. *Neuroepidemiology [Revista en internet]*. 2009 [Acceso el 08 de octubre de 2011];32:150–163. Disponible en: <http://content.karger.com/produkteDB/produkte.asp?typ=pdf&doi=184748>
 22. Yuki N, Hartung HP. Medical Progress Guillain–Barré Syndrome. *N Engl J Med [Revista en internet]*. 2012 [Acceso el 13 de junio de 2013];366:2294–304. Disponible en: <http://www.nejm.org/doi/pdf/10.1056/NEJMra1114525>
 23. Pérez-Lledó E, Díaz-Vico A, Gómez-Gosálvez F. Síndrome de Guillain–Barré: presentación clínica y evolución en menores de 6 años de edad. *An Pediatr (Barc) [Revista en internet]*. 2012 [Acceso el 31 de Marzo de 2012];76(02):69–76. Disponible en: <http://www.elsevier.es/es/revistas/analisis-pediatrica-37/sindrome-guillain-barre-presentacion-clinica-evolucion-menores-6-90095352-originales-2012>

ABSTRACT. **Background:** The Guillain-Barré Syndrome is a set of disorders of the polyradiculoneuropathy kind, it presents with acute ascending flaccid paralysis and areflexia, 40% of children lost walking ability during the disease progress and 15% require mechanical ventilation. Most, achieve full or partial recovery in weeks or months. **Objective:** To describe the electrophysiological and disability evolution of patients over 15 years old with GBS, treated at Hospital General San Felipe (HGSF) and Instituto Hondureño de Seguridad Social (IHSS) in Tegucigalpa, over the period June 2012 to September 2013. **Methodology:** Longitudinal study describing nerve conduction and degree of disability according to CIF, in two evaluations followed during approximately 8 months. Patients were recruited in Pediatric Rehabilitation Room HGSF and IHSS, and documented cases in the Programa Ampliado de Inmunizaciones, Ministry of Health. A data collection sheet was implemented. Written informed consent and assent were obtained. **Results:** 12 patients were evaluated, 75% (9) recruited in HGSF and 25% (3) in Programa Ampliado de Inmunizaciones. Follow up was done in 58% (7) in HGSF and 42% (5) in IHSS. The average time between assessments was 34 weeks (17-43 weeks). The disability recovery was not related to electrophysiological evolution over time or initial degree of nerve involvement, and was complete in 58% (7) of the cases. Only 33% (4) cases showed complete nerve recovery. **Discussion:** The follow-up of this group of Guillain-Barré syndrome demonstrated good functional prognosis that does not seem to be strictly linked to nerve damage.

Keywords: Disability evaluation, disabled children, neural conduction, polyradiculoneuropathy.