

Author	Patient No: Age/ Sex	Interval COVID-19 and GBS onset	SARS-CoV-2 testing	Clinical features (MRC score)	Electro-diagnosis	CSF	Ab to gangliosides	MRI	Treatment/ Response to treatment
Zhao et al. 4/1/2020	1,61/ F	GBS as presenting feature	NPS +	Paraparesis progressing in 3 days to tetraparesis (ULs 4/5, LLs 3/5), areflexia LLs, distal hypoesthesia	AIDP	ACD	ND	ND	IVIG. Recovery in 30 days
Camdessanche et al. 4/15/2020	2,64/M	11 days	NPS +	Distal paresthesia progressing to tetraparesis (LLs 2/5, ULs 2-4/5) areflexia, dysphagia, and respiratory failure	AIDP	ACD	Negative	ND	IVIG. NR
Sedaghat and Karimi 4/15/2020	3,65/M	14 days	NPS +	Ascending tetraplegia (ULs 2-3/5, LLs 1-2/5) bilateral facial palsy, areflexia, distal hypoesthesia	AMSAN	ND	ND	Head and cervical spine: non contributory	IVIG. NR
Toscano et al. 4/17/2020	4,77/F	7 days	NPS +	Distal paresthesia progressing to tetraplegia, bulbar palsy, areflexia and respiratory failure	AMSAN	ACD PCR-	Negative	Enhancement of caudal roots	2 IVIG courses. Minimal improvement
	5,23/M	10 days	NPS +	Facial diplegia, LLs paresthesia, sensory ataxia, areflexia	AMSAN	ACD PCR-	ND	Enhancement of facial nerves	IVIG. Mild improvement of facial weakness and disappearance of paresthesia
	6,55/M	10 days	NPS +	Distal paresthesia, LLs weakness progressing to tetraparesis, bilateral facial palsy, areflexia, respiratory failure	AMAN	ACD PCR-	Negative	Enhancement of caudal roots	2 IVIG courses. At 1 month still ventilated
	7,76/M	5 days	NPS +	LLs weakness progressing to tetraparesis	AIDP	Normal PCR-	ND	Head and spine: normal	IVIG. Motor improvement but still unable to stand
	8,61/M	7 days	2NPS – Chest CT+ Serology + (IgG)	LLs paresthesia, tetraplegia, areflexia, facial weakness, dysphagia, respiratory failure	AIDP	Normal PCR-	Negative	Spine normal	IVIG, PE. At 1 month still tetraplegic and ventilated

Gutierrez-Ortiz et al. 4/17/2020	9,50/ 10,39/ M	5 days 3 days	NPS + NPS+	Ophthalmoparesis, perioral paresthesia, areflexia, gait ataxia Bilateral CN VI palsy, areflexia	ND ND	ACD PCR- ACD PCR-	GD1b (IgG) ND	ND ND	IVIG. Recovery in 2 weeks ND. Spontaneous recovery in 2 weeks
Virani et al. 4/18/2020	11,54/ M	NR	NPS+	Tetraparesis (ULs 3/5, LLs 2/5) areflexia, urinary retention, respiratory failure	ND	ND	ND	Thoracic and lumbar spine: normal	IVIG. Recovery of respiratory and Uls weakness in 10 days
Galan et al. 4/23/2020	12,43/ M	10	NPS+	Tetraparesis (3-4/5), distal hypoesthesia, facial diplegia, dysphagia areflexia	AIDP	ND	ND	ND	IVIG, favorable outcome
El Otmani et al. 4/24/ 2020	13,70/F	3 days	NPS+	Distal paresthesia progressing rapidly to tetraplegia. Areflexia	AMSAN	ACD PCR-	ND	ND	IVIG. No improvement after 1 week
Padroni et al.. 4/24/2020	14,70/F	28	NPS+	Distal paresthesia and gait difficulties progressing to tetraparesis (distal Uls and LLs 4/5), areflexia, respiratory failure	AIDP	ACD	ND	ND	IVIG. NR
Coen et al. 4/28/2020	32,70/ M	10	NPS+	Paraparesis, distal allodynia, difficulty in voiding, constipation areflexia	AIDP	ACD	Negative	Spine: normal	IVIG. Rapid improvement
Alberti et al. 4/29/2020	15,71/ M	NC	NPS+	Distal paresthesia progressing to tetraplegia (Uls 3/5, LLs, 2/5), hypoesthesia at 4 limbs, areflexia, drug resistant hypertension, respiratory failure	AIDP	ACD PCR-	ND	ND	IVIG. Death the day after the admission.
Arnaud et al. 5/11/2020	16,64/ M	16 days	NPS+	Rapidly progressive paraparesis, distal proprioceptive loss at 4 limbs, areflexia	AIDP	ACD PCR-	ND	ND	IVIG. Not better specified "success"
Ottaviani et al. 5/12/2020	17,66/F	10 days	2 nd NPS+	Paraplegia and mild Uls weakness (4/5), areflexia. Progression with facial palsy, confusion and agitation, respiratory failure	AIDP	ACD PCR-	Negative	ND	IVIG. NR
Caamaño and Beato 5/14/2020	18,61/ M	10 days	NPS+	Bilateral facial palsy	ND	ACD PCR-	ND	Head normal	Low dose oral prednisone. Barely notable improvement after 2 weeks

Gigli et al. 5/19/2020	19,53/ M	NR	2 NPS- Chest CT+ Serology+ (IgM and IgG)	Paresthesiia, atxia	AIDP	ACD PCR-	Negative	N D	NR
Riva et al. 5/26/2020	20,60/ M	20 days	2 NPS- Chest CT+ Serology+ (IgG)	Proximal LLs weakness (3-4/5) with severe position and proprioception deficit, areflexia. Progression with Uls involvement, facial diplegia and bulbar palsy	AIDP	Normal PCR-	Negative	Cervical spine: normal	IVIG. Slow improvement
Scheidl et al. 5/26/2020	21,54/F	14 days	NPS+	Paraparesis (3-4/5), distal paresthesia and sensory loss, areflexia, dysphagia	AIDP	ACD	ND	Cervical spine: normal	IVIG. Almost complete recovery
Fernandez- Dominguez et al. 5/26/2020	22,74/F	12	NPS+	Gait ataxia and LLs areflexia	Equivocal	ACD PCR-	Negative	Head normal	IVIG. Improvement of gait ataxia and reappearance of reflexes.
Bigaut et al. 5/27/2020	23,43/ M	21 days	NPS+	Distal LLs weakness, paresthesia, and hypoesthesia ascending to distal Uls, hypoesthesia LLs, ataxia, areflexia, facial palsy	AIDP	ACD PCR-	Negative	Cranial (III, VI,VII, VIII) neuritis, radiculitis and brachial and lumbar plexitis	IVIG, progressive improvement
	24,70/F	10 days	NPS+	Proximal tetraparesis, Uls and perioral paresthesia, areflexia, respiratory failure	AIDP	ACD PCR-	ND	ND	IVIG. Slow progressive improvement
Assini et al. 5/28/2020	25,55/ M	20 days	NPS+	Bilateral CN III,V,IX,X,XII involvement. Hyporeflexia, respiratory failure	AIDP	Normal PCR-	Negative	Head: normal	IVIG. Rapid improvement and recovery
	26,60/ M	23 days	NPS+	Weakness LLs, right foot drop, areflexia, gastroplegia, paralytic ileus, loss of blood pressure control, respiratory failure.	AMSAN	Normal PCR-	Negative	ND	IVIG. Rapid improvement of dysautonomia
Lantos et al. 5/28/2020	27,36/ M	4 days	NPS+	Partial lt CN III cranial nerve palsy, paresthesia and hypostesia LLs, ataxia.followed by bilateral CN VI palsy, hyporeflexia	ND	ND	equivocal result to Asialo-GM1	Enlargement and ehhancement CN III	IVIG.Improvement

Chan et al. 5/29/2020	28,58/ M	GBS as presenting feature	NPS+	Facial diplegia, dysarthria, and distal LLs paresthesia, areflexia	AIDP	ACD	ND	Bilateral CN VII enhancement	IVIG. Minimal improvement of facial diplegia at discharge
Lascano et al. 6/1/2020	29,52/F	15	4 th NFS+ Serology + (IgM,IgG)	Back pain, limb weakness, distal paresthesia, ataxia progressing to tetraplegia with areflexia, respiratory failure, dysautonomia	AIDP	ACD PCR-	Negative	Spine: no roots enhancement	IVIG. At 5 weeks bedbound but able to stand up with assistance.
	30,63/F	7	2 nd NPS+	LLs pain, mild weakness evolving to tetraparesis, distal paresthesias and areflexia	AIDP	Normal	ND	ND	IVIG. Full motor recovery at dismissal
	31,61/F	22	NPS+	LL weakness distal paresthesia, bilateral facial palsy, dizziness, dysphagia, dysautonomia, areflexia.	AIDP	ACD PCR-	ND	Head: normal Lumbosacral roots enhancement	IVIG. Improvement with regained ability to walk with assistance
Oguz-Akarsu et al. 6/4/2020	33,53/F	NC	NPS+	LLs, weakness (4/5) and hypoesthesia, slight distal weakness ULs, dysarthria	AIDP	Normal PCR-	ND	Thickening and hyperintensity of cervical and lumbar roots	PE. Improvement in 2 weeks, able to walk without assistance
Sancho- Saldaña et al. 6/9/2020	34,56/F	15 days	NPS+	Gait unsteadiness and hand paresthesia evolving to proximal tetraparesis, head drop, bilateral facial palsy, bulbar weakness, areflexia	AIDP	ACD PCR-	Negative	Brainstem and cervical leptomeningeal enhancement.	IVIG. Significant improvement in 2 weeks
Manganotti et al. 6/11/2020	35,50/F	16 days	NPS+	Ophtalmoplegia, ataxia, areflexia, mild hypoesthesia CN V2-V3	ND	ACD	Negative	Head: normal	IVIG. Recovery in 7 days
Helbok et al. 6/12/2020	36,68/ M	14 days	NPS- Chest CT+ Serology+	LLs distal paresthesia, dysesthesia and hyposthesia, ataxic stance and inability to walk progressing to tetraparesis (proximal 2/5, distal 4/5) and respiratory failure	AIDP	ACD	Negative	Spine MRI: non contributory	IVIG (30 g) and PE. In 2 months regained motility without significant assistance
Kilinc et al. 6/13/2020	37,50/ M	28 days	Fecal PCR+ Serology + (IgM and IgG)	Facia diplegia, mild proximal weakness, impaired proprioception LLs , areflexia, gait ataxia	AIDP	Normal PCR-	Negative	ND	IVIG. Facial diplegia and mild proximal weakness persisted after 2 weeks
Webb et al. 6/14/2020	38,57/ M	7 days	NPS+	Distal LLs paresthesia, difficulties in standing progressing to tetraparesis (ULs 4/5, LLs 1-3/5) dysphagia and respiratory failure	AIDP	ACD PCR-	Negative	ND	IVIG. Weaned off ventilation

Rana et al. 6/2020	39,54/ M	14 days	NPS+	Distal paresthesia progressing to tetraparesis (LLs 0-1/5, ULs 3-4/5) areflexia, urinary retention and respiratory failure followed by facial diplegia and ophthalmoparesis	AIDP	ND	ND	Spine: negative	IVIG. Improvement of respiratory status with extubation followed by worsening of weakness
Farzi et al. 6/20/2020	40,41/ M	10 days	NPS+	Distal LLs paresthesia, tetraparesis (ULs 4/5, LLs/3/5), distal hypoesthesia, hypo-areflexia, unable to stand and walk without assistance	AIDP	ND	ND	ND	IVIG. In 3 days able to stand and walk for a short distance without assistance
Reyes Bueno and Serrano-Castro 6/20/2020	41,51/F	15 days	NPS- Serology+ (IgG)	Limb and spine pain followed by paraparesis (2-3/5) with inability to walk, lt CN VI paresis, bilateral facial paresis, dry mouth, diarrhea and unstable blood pressure	AIDP	ACD	Negative	Negative	IVIG. Progressive improvement
Hutchins et al. 6/25/2020	42/21/ M	16 days	NPS+	Facial diplegia followed after 19 days by proximal ULs and LLs weakness (4/5), Uls paresthesia and areflexia	AIDP	ACD	Negative	Bilateral CNVI and CNVII enhancement Spine normal	PE. Slight improvement of facial palsy and paresthesia

Supplementary table 1. Features of reported Guillain-Barré syndrome patients with SARS-CoV-2 infection listed according to the date of publication online.

ACD, albumin-cytological dissociation; CN, cranial nerve; CSF, cerebrospinal fluid; CT, computerized tomography; IVIG, intravenous immunoglobulin; LL, lower limb; MRC, Medical research council scale; NC, not calculable; ND, not done; NPS, nasopharyngeal swab, NR, Not reported; PCR, reverse transcriptase polymerase chain-reaction for SARS-CoV-2; PE, plasma exchange; UL, upper limb; +, positive; -, negative.