

Supplemental material

Table 1. Criteria set employed for electrodiagnosis of GBS subtypes on the basis of a single test.¹⁻³

AIDP	AMAN	AMSAN	UNEXCITABLE	EQUIVOCAL
<p>At least one of the following in at least two nerves:</p> <ul style="list-style-type: none"> ▶ MCV <70% LLN ▶ DML>130 % ULN ▶ dCMAP duration >120% ULN ▶ pCMAP/dCMAP duration ratio >130% ▶ F-response latency>120% ULN <p>Or one of the above in one nerve, plus:</p> <ul style="list-style-type: none"> ▶ Absent F waves in two nerves with dCMAP > 20% LLN ▶ Abnormal ulnar SNAP amplitude and normal sural SNAP amplitude 	<p>None of the AIDP features in any nerve (demyelinating features allowed in one nerve if dCMAP <20% LLN)</p> <p>And at least one of the following in each of two nerves:</p> <ul style="list-style-type: none"> ▶ dCMAP<80% LLN ▶ pCMAP/dCMAP amplitude ratio <0.7 (excluding tibial nerve) ▶ Isolated F wave absence (or <20% persistence) 	<p>▶ Same criteria as AMAN in motor nerves, plus:</p> <ul style="list-style-type: none"> ▶ SNAP amplitudes < 50% LLN in at least two nerves 	<p>▶ Distal CMAP absent in all nerves (or present in only one with distal CMAP <10% LLN)</p>	<p>▶ Abnormal findings not fulfilling specific criteria for other subtypes</p>

Legend: AIDP, acute inflammatory demyelinating polyradiculoneuropathy; AMAN, acute motor axonal neuropathy; AMSAN, acute motor and sensory axonal neuropathy; ULN, upper limit of normal; LLN, lower limit of normal; DML, distal motor latency; MVC, motor conduction velocity; CMAP, compound muscle action potential; dCMAP, distal compound muscle action potential; pCMAP/dCMAP ratio between proximal and distal amplitude compound muscle action potential; SNAP, sensory nerve action potential.

- 1) Uncini A, Ippoliti L, Shahrizaila N, Sekiguchi Y, Kuwabara S. Optimizing the electrodiagnostic accuracy in Guillain-Barré syndrome subtypes: Criteria sets and sparse linear discriminant analysis. *Clin Neurophysiol* 2017;128:1176-83
- 2) Uncini A, Kuwabara S. The electrodiagnosis of Guillain-Barré syndrome subtypes: where do we stand? *Clin Neurophysiol* 2018; 29: 2586-93
- 3) Uncini A, González-Bravo DC, Acosta-Ampudia YY, Ojeda EC, Rodríguez Y, Monsalve DM, et al. Clinical and nerve conduction features in Guillain-Barré syndrome associated with zika virus infection in Cúcuta, Colombia. *Eur J Neurol* 2018.25:644-50