Teaching Video NeuroImage:

Near complete ophthalmoplegia in GQ1b antibody-positive Miller Fisher

Video and MRI correlation

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Figure 1

The patient is seen here attempting vertical upgaze, demonstrating the severity of his ophthalmoplegia

An 8-year-old boy developed near complete ophthalmoplegia (video and figure 1), sparing the pupils, with mild gait ataxia, and areflexia. Miller Fisher syndrome was diagnosed after high titers of anti-GQ1b IgG, which are highly disease specific,¹ were found in the serum. Nerve conduction, laboratory, and Tension testing was not suggestive of alternative diagnoses. MRI in Miller Fisher can show cranial nerve enhancement,² and in this patient revealed bilateral

Figure 2

T1-weighted gadolinium-enhanced brain MRI revealed bilateral abnormal enhancement of cranial nerve III

gadolinium enhancement of cranial nerve III (figure 2). IVIg was given with improvement seen within days. We present a case of near complete ophthalmoplegia from Miller Fisher with video and MRI correlation.

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Supplemental data at
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Disclosure: The authors report no disclosures.

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Neurology 2008;71:e31

DOI 10.1212/01.wnl.0000326962.86434.fd

This information is current as of September 29, 2008

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