Postinfectious ocular flutter

A 31-year-old pregnant woman presented 1 week after an upper respiratory tract infection with rapid, conjugated periodic ocular oscillations, occurring in horizontal bursts (see the video on the *Neurology*[®] Web site at www.neurology.org) and truncal ataxia. After 14 weeks, all signs resolved without treatment.

Postinfectious ocular flutter and truncal ataxia is a rare entity previously described after infections with enterovirus, mumps, cytomegalovirus, and HIV. Recently, an association with the ganglioside antibody anti-GQ1b was suggested, supporting an autoimmune pathogenesis.¹ The course of the disease is usually benign with spontaneous resolution.

Supplemental data at
www.neurology.org

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1. Zaro-Weber O, Galdiks N, Dohmen C, et al. Ocular flutter, generalized myoclonus, and trunk ataxia associated with anti-GQ1b antibodies. *Arch Neurol* 2008;65:659–661.

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