Isolated ocular flutter

A previously healthy 30-year-old man presented with gradually worsening oscillopsia 2 weeks after an unusual headache; there was ocular flutter on examination (video on the *Neurology*® Web site at www.neurology.org) without other findings. Brain MRI was unremarkable. CSF showed mild pleocytosis (11 cells/mm³), but no evidence of active viral infections (herpes simplex virus, cytomegalovirus, varicella-zoster virus, Epstein-Barr virus, human herpesvirus 6, and measles). Serum antiganglioside antibodies (including anti-GQ1b antibody) were negative. The symptom resolved without treatment within 4 weeks. Ocular flutter is rare and may be isolated, although it is usually accompanied by generalized myoclonus or truncal ataxia.^{1,2} Brainstem (omnipause neurons in the paramedian pontine reticular formation³) or cerebellar dysfunction may contribute, as may abnormal pause cell control over saccadic burst neurons.

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Supplemental data at
www.neurology.org

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Study funding: No targeted funding reported.

Disclosure: The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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Neurology 2013;80;867

DOI 10.1212/WNL.0b013e31828407a8

This information is current as of February 25, 2013

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