

# Teaching Video NeuroImage: Near complete ophthalmoplegia in GQ1b antibody-positive Miller Fisher

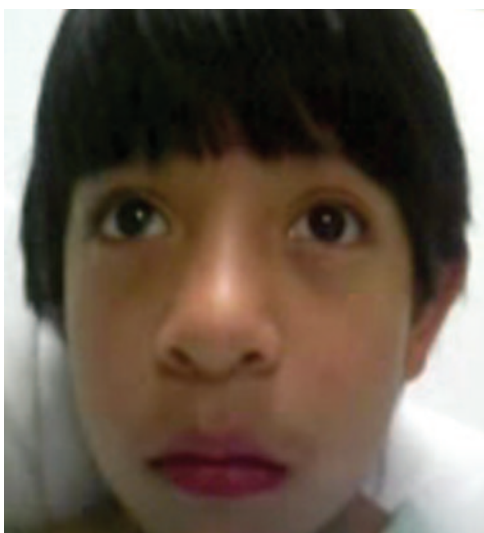
Video and MRI correlation



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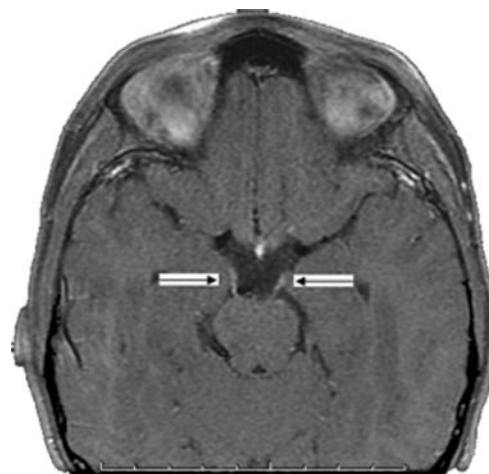
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**Figure 1** The patient is seen here attempting vertical upgaze, demonstrating the severity of his ophthalmoplegia



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,<sup>1</sup> 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,<sup>2</sup> 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.

## REFERENCES

1. Wilson HJ, O'Hanlon GM. The immunopathogenesis of Miller Fisher syndrome. *J Neuroimmunol* 1999;100:3–12.
2. Garcia-Rivera CA, Rozen TD, Zhou D, et al. Miller Fisher syndrome: MRI findings. *Neurology* 2001;57:1755.

Supplemental data at  
[www.neurology.org](http://www.neurology.org)

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## Teaching Video *NeuroImage*: Near complete ophthalmoplegia in GQ1b antibody-positive Miller Fisher: Video and MRI correlation

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