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.

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Postinfectious ocular flutter
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