Proptosis

A forgotten observation by Miller Fisher on his syndrome

Figure Bilateral proptosis as seen on noncontrast CT

A 61-year-old man presented with rapidly progressive vision change and facial droop. There was proptosis (figure) and profound facial diplegia in addition to the more classic triad of ophthalmoplegia, ataxia, and areflexia (video at Neurology.org). The clinical diagnosis of Miller Fisher syndrome was confirmed by electrophysiologic studies. He made a complete recovery after IV immunoglobulin infusion.

The cause of proptosis is loss of traction from paralyzed recti muscles. It is likely Fisher already astutely observed these findings (late facial weakness in case 1 and “unusually prominent eyes” in cases 1 and 2), which are consistent with this variant of Guillain-Barré syndrome.¹

**Supplemental data
at Neurology.org**

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1. Fisher M. An unusual variant of acute idiopathic polyneuritis (syndrome of ophthalmoplegia, ataxia and areflexia). *N Engl J Med* 1956;255:57–65.

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