Teaching Video NeuroImage: Uncommon Neuro-ophthalmic Finding in a Patient With Miller Fisher Syndrome and Past SARS-CoV-2 Infection

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A 21-year-old woman developed diplopia, rhinolalia, and movement imbalance 3 weeks after COVID-19. On neurologic examination, she presented with left mydriasis, mild bilateral lateral rectus palsy, and horizontal gaze-evoked eyelid nystagmus (Video 1). The patient's generalized hyporeflexia and ataxic gait were consistent with symptoms of Miller Fisher syndrome (MFS). A test for GQ1b antibodies returned positive. Despite immunoglobulin therapy, the patient developed respiratory failure requiring mechanical ventilation. The symptoms improved over the succeeding days. MFS has been associated with COVID-19, but this is the first case with positive GQ1b antibodies.¹ Eyelid nystagmus is an intermittent upward jerking of eyelids associated with posterior fossa lesions that can also be present in MFS.²

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The authors report no disclosures relevant to the manuscript. Go to [Neurology.org/N](https://www.neurology.org/N) for full disclosures.

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Name	Location	Contribution
Aldo F. Costa, MD	Department of Neurology, University Hospital Reina Sofía, Córdoba, Spain	Drafting/revision of the manuscript for content, including medical writing for content, major role in the acquisition of data, study concept or design, and analysis or interpretation of data
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Appendix (continued)

Name	Location	Contribution
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