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A 21-year-old woman developed diplopia, rhinolalia, and imbalance three weeks after COVID-19. On neurological examination, she presented left mydriasis, mild bilateral lateral rectus palsy, horizontal gaze-evoked, eyelid nystagmus (Video 1), generalized hyporeflexia, ataxic gait that were consistent with Miller-Fisher Syndrome (MFS).
GQ1b antibodies were 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

**VIDEO LEGEND**

**Video 1.** Eyelids nystagmus in a patient with Miller-Fisher Syndrome preceded by COVID-19, observed on admission.


**References**

