

# Bilateral ptosis with complete ophthalmoplegia

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## DESCRIPTION

An 89-year-old woman was referred to the accident and emergency department with droopy eyelids. The onset of symptoms coincided with the initiation of clarithromycin prescribed for a respiratory tract infection. She was also reported to have a change in the quality of her voice and was choking on fluids. On examination she had bilateral ptosis and complete ophthalmoplegia. Pupils were unreactive but the patient had undergone bilateral cataract surgery in the past. Her speech was dysarthric. Examination of the extremities revealed mild weakness proximally with no definite fatigability and generalised areflexia. Sensory examination was normal. Routine bloods, CT of the brain and lumbar puncture were unrevealing. A differential diagnosis of the Miller-Fisher variant<sup>1</sup> of Guillain-Barré syndrome and myasthenia gravis, possibly triggered by the use of macrolide antibiotics,<sup>2</sup> was made. There was nothing to suggest a diagnosis of botulism. The patient was treated with intravenous immunoglobulins. No improvement was seen with a trial of low dose pyridostigmine and repetitive nerve stimulation showed no significant decremental response. Acetylcholine receptor antibodies were negative, but anti-GQ1b antibodies were strongly positive at 361% (normal range <30%) confirming a diagnosis of Miller-Fisher syndrome. The patient recovered fully and returned to baseline condition within 8 weeks (video 1).



**Video 1** Patient with bilateral ptosis and ophthalmoplegia.

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## Learning points

- ▶ Miller-Fisher syndrome accounts for approximately 5% of Guillain-Barré syndrome and can present with ptosis and complete ophthalmoplegia.
- ▶ Acute ophthalmoplegia in Miller-Fisher syndrome is highly associated with serum IgG antibody against G<sub>Q1b</sub>.
- ▶ Miller-Fisher syndrome is potentially fully reversible with treatment even in older age groups.

**Correction notice** This article has been corrected since it was published Online on 18 March 2013. The missing video has now been included.

**Competing interests** None.

**Patient consent** Obtained.

**Provenance and peer review** Not commissioned; externally peer reviewed.

## REFERENCES

- 1 Mori M, Kuwabara S, Fukutake T, *et al*. Clinical features and prognosis of Miller Fisher syndrome. *Neurology* 2001;56:1104–6.
- 2 Chiba A, Kusunoki S, Obata H, *et al*. Serum anti-GQ<sub>1b</sub> IgG antibody is associated with ophthalmoplegia in Miller Fisher syndrome and Guillain-Barré syndrome, Clinical and immunohistochemical studies. *Neurology* 1993;43:1911.

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