MILLER FISHER SYNDROME MIMICKING POSTERIOR CIRCULATION ISCHEMIC STROKE

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CASE DIAGNOSIS: MILLER FISHER SYNDROME (MFS)

INTRODUCTION

MFS, a variant of Guillain-Barré syndrome (GBS), is an imune-mediated polyneurophathy recognized by the rapid development of an **acute clinical triad: ophthalmoplegia, areflexia and ataxia**. Anti-GQ1b antibodies are present in about 90% of patients. This case intends to evaluate the outcome of an integral rehabilitation program instituted to a patient admitted for MFS.

CASE DESCRIPTION

A **74-year-old** independent male was addmited due to **diplopia and gait inbalance**, **preceded in about one week by a gastrointestinal illness**.

Multiple cardiovascular risk factors

NEUROLOGICAL EXAMINATION

- Right internuclear ophthalmoplegia
- Gait ataxia
- Symmetrical osteotendinous reflexes

Progression to:

Bilateral ophthalmoplegia (III, IV, VI cranial nerves)
Bilateral facial palsy (VII cranial nerves)

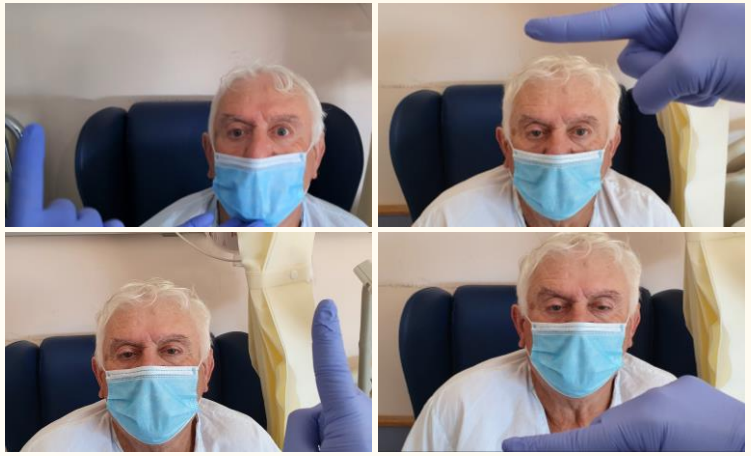

Figure 1. Bilateral ophthalmoplegia and facial palsy *(not evident with face mask)* during hospitalization.

- Normal imaging exams
- Electrophysiological studies: **axonal polyneuropathy, in acute phase, with severe gravity on the facial nerves**
- **POSITIVE** Anti-GQ1b antibodies and *Campylobacter jejuni* serology

INTRAVENOUS IMMUNOGLOBOLIN → **INTENSIVE REHABILITATION PROGRAM** *Physiotherapy + Ocular occlusion*

DISCUSSION

Based on past medical history and clinical presentation, the hypothesis of posterior circulation ischemic stroke was raised. However, continuous evolution of symptoms and normal brain imaging suggests a progressive pathology. MFS diagnosis was suspected by clinical features, and confirmed by electrophysiological studies and anti-GQ1b antibodies. **After three months of rehabilitation**, there was a **clinical improvement with modified functional autonomy**.

CONCLUSIONS

MFS is a rare form of GBS, tipically triggered by an infectious process. The worldwide incidence is about **1-2 in 1 000 000**, affecting more men. **The recovery mean period is six months**, and immunotherapy with plasmapheresis or intravenous immunoglobulin may be a beneficial treatment.

AN EARLY AND ADEQUATE REHABILITATION PROGRAM IS FUNDAMENTAL TO A GREATER FUNCTIONAL OUTCOME.

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