MILLER FISHER, A VARIANT OF GUILLAIN BARRÉ SYNDROME, ABOUT A CLINICAL CASE

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ABSTRACT None

KEYWORDS Miller Fisher Syndrome, Guillain Barré Syndrome

Case report

A 49-year-old woman comes to the emergency department for two days of evolution of double horizontal vision, unbalanced gait without preferential side, bilateral frontal headache associated with photophobia and nausea. In addition, she reported flu-like symptoms in the last 7 days.

Neurological examination with bilateral paresis of the III cranial pair, diplopia in levoversion and left supraversion, palpebral ptosis more evident on the left side. Normal eye fundus and pupils. Abolished osteotendinous reflexes. Dysmetria in the left finger-nose and heel-knee test. Wide based gait. Analytical and autoimmune study without alterations. Cranioencephalic computed tomography without acute injury. Lumbar puncture with protein-cytological dissociation. Excluded central nervous system infection by bacteriological, PCR and serology in the cerebrospinal fluid (CSF). Cerebral and orbital MRI with bilateral and symmetric capture of the cisternal segment of the oculomotor nerves (Figure 1). Electromyography of upper and lower limbs without alterations. CSF anti-ganglioside antibody is positive.

Assumed Miller Fisher Syndrome, admission to an intermediate care unit, initially with clinical worsening; facial paresis and worsening of ataxia. Started intravenous immunoglobulin G and completed 5 days with a favourable clinical evolution, without need for ventilatory support.

Discussion/Conclusion

Miller Fisher Syndrome is a variant of Guillain Barré Syndrome (GBS). It is a rare, acute inflammatory demyelinating disease that manifests as ophthalmoplegia, ataxia, and areflexia [1,2]. The pathophysiology is not completely understood. Usually, there is a previous history of infection. It often has a favourable evolution; some cases may progress to respiratory failure requiring ventilatory support. Although controversial, intravenous immunoglobulin G is a possible treatment usually reserved for moderate to severe cases [1,3]. It is extremely important to have high clinical suspicion in the observation and admission to units with permanent surveillance that allow early detection of clinical deterioration. This clinical case demonstrates how the early detection and the institution of adequate therapy allowed a favourable evolution.

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Conflict of interest

There are no conflicts of interest to declare by any of the authors of this study.

References
