

# Postinfectious ocular flutter



A 31-year-old pregnant woman presented 1 week after an upper respiratory tract infection with rapid, conjugated periodic ocular oscillations, occurring in horizontal bursts (see the video on the *Neurology*<sup>®</sup> Web site at [www.neurology.org](http://www.neurology.org)) and truncal ataxia. After 14 weeks, all signs resolved without treatment.

Postinfectious ocular flutter and truncal ataxia is a rare entity previously described after infections with enterovirus, mumps, cytomegalovirus, and HIV. Recently, an association with the ganglioside antibody anti-GQ1b was suggested, supporting an autoimmune pathogenesis.<sup>1</sup> The course of the disease is usually benign with spontaneous resolution.

Supplemental data at  
[www.neurology.org](http://www.neurology.org)

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1. Zaro-Weber O, Galdiks N, Dohmen C, et al. Ocular flutter, generalized myoclonus, and trunk ataxia associated with anti-GQ1b antibodies. *Arch Neurol* 2008;65:659–661.

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