

Abstract

Background

Guillain-Barré syndrome is a clinically diverse disorder and includes several clinically distinctive variants. After the introduction of intravenous immunoglobulin and plasmapheresis as treatment, about 10% of patients reported to have worsening of weakness after the onset of improvement or a plateau phase. These occurrences have been called treatment-related fluctuations. Miller Fisher syndrome developing as a treatment-related fluctuation has not been previously reported.

Case presentation

60-year-old Sri Lankan man initially presented with acute inflammatory demyelinating polyradiculopathy characterized by progressive ascending areflexic quadriparesis. He showed a one-grade improvement in his Guillain-Barré syndrome functional disability score with immunoglobulin treatment started on the 13th day of illness but developed a treatment-related fluctuation on the 28th day of illness with new-onset Miller Fisher syndrome characterized by bilateral asymmetrical partial ptosis, complete ophthalmoplegia, ataxia, and areflexia. In addition, he developed new-onset left sided facial weakness, dysautonomia, worsening of limb paralysis and respiratory paralysis warranting ventilator support. With repeat immunoglobulin therapy, he made a gradual recovery.

Conclusions

New onset Miller Fisher syndrome can develop as a treatment-related fluctuation of Guillain-Barré syndrome.