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Eye movements in peripheral disorders

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Several diseases affecting the peripheral nerve, neuromuscular junction, and muscles may cause abnormalities of eye movements. Myasthenia gravis (MG) is an autoimmune disorder of the neuromuscular junction characterized by fatigability and fluctuating weakness of voluntary muscles, leading to symptoms such as diplopia, palpebral ptosis, dysphagia, dyspnea or limb weakness. Myasthenic weakness may affect virtually any striated muscle, but the extra-ocular muscles are particularly susceptible. Ptosis and diplopia are eventually developed in 90% of all myasthenic patients. The clinician is faced with a problem of differentiating ocular myasthenia from other common peripheral or central neuropathic conditions, myopathies and other neuromuscular junction disorders. Miller Fisher syndrome (MFS), a rare variant of Guillain Barré syndrome (GBS), is an immune-mediated neuropathy presenting with ophthalmoparesis, ataxia and areflexia. Acute ophthalmoplegia with or without ataxia commonly occurs in anti-GQ1b antibody syndrome and manifests as various combinations of external and internal ophthalmoplegia.

Keywords: myasthenia gravis, Miller-Fisher syndrome, ophthalmoplegia, GQ1b

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