

Ocular flutter as the first manifestation of Lyme disease



A 33-year-old man with a history of tick bites presented with bursts of involuntary horizontal conjugate saccades, myoclonic head jerks, and truncal ataxia. A cerebral MRI was normal, and no antineuronal antibodies were found (anti-Hu, anti-Yo, anti-Ri). Despite negative serum antibodies for *Borrelia burgdorferi*, acute neuroborreliosis was suspected because of lymphocytic mild meningitis (19 white cells/mm³, protein 0.79 g/L) and apparent intrathecal synthesis of *B burgdorferi* IgM antibodies (ELISA titers 6.17, normal <0.3), although false-positive IgM serologies can occur in this setting. Intravenous ceftriaxone treatment resulted in dramatic clinical improvement within a few weeks.

In ocular flutter, saccadic intrusions are purely horizontal (see video), while in opsoclonus-myoclonus, a similar condition, they are multidirectional.¹ Cerebral MRI studies are usually normal,² lesions involving omnipause neurons in the pons, or the fastigial nucleus in the cerebellum being exceptional.

Jesper Gyllenborg, MD, Dan Milea, MD, PhD, Copenhagen, Denmark

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Address correspondence and reprint requests to Dr. Jesper Gyllenborg, Department of Neurology, Glostrup Hospital, University of Copenhagen, 57, Nordre Ringvej, DK-2600 Glostrup, Denmark; jesper@gyllenborg.dk

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