

était admis pour faiblesse des 4 membres. Nous avons étudié les données cliniques et électrophysiologiques.

Résultats Son histoire récente de la maladie remontait à 2 semaines avant son hospitalisation, marquée par l'apparition de fasciculations des cuisses puis de douleurs de l'épaule droite, suivies par l'installation d'un déficit des membres supérieurs puis des membres inférieurs. L'examen ENMG a montré une diminution de l'amplitude des CMAP avec des blocs de conduction étagés aux 2 membres supérieurs. Un ENMG fait à 4 jours d'intervalle a montré l'apparition de dispersion temporelle qui était incompatible avec le diagnostic d'AMAN. Ainsi, le diagnostic de MMN a été retenu. Les anticorps anti-gangliosides qui étaient fortement positifs de type IgG anti-GM1/GD1b et IgM anti-GD1a. Notre patient a reçu une cure de veinoglobulines qui a entraîné une amélioration clinique.

Conclusion Les patients atteints de MMN présentent généralement une maladie à évolution lente, mais quelques cas avec un début aigu et une évolution à rechute ont été décrits. Dans notre cas, c'est la répétition de l'examen ENMG qui a permis de supporter le diagnostic de MMN.

Mots clés Bloc de conduction ; Examen électroneuromyographique ; Neuropathie motrice multifocale

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Clinical and ENMG findings in patients with rare variants of Guillain Barré Syndrome

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Background Acute inflammatory demyelinating polyradiculoneuropathy (AIDP) is the most recognized form of Guillain Barré Syndrome (GBS), while others variants such as Miller-Fisher syndrome (MFS) and pharyngo-cervico-brachial (PCB) variant are less recognized.

Objectives To describe rare variants of GBS.

Methods Clinical and paraclinical data were reviewed.

Results Our patients were respectively 8 and 38 years-old. The first patient presented for walk disturbance and the second one for swallowing disorders. At neurological examination, our first case presented ophthalmoplegia, right peripheral facial palsy, areflexia and proprioceptive ataxia. The other yielded areflexia, ataxia and palsy of the ninth, tenth and eleventh cranial nerves. Brain and spinal MRI showed radicular enhancement in the last root in our first case. Lumbar puncture revealed albumino-cytological dissociation in only one case. Electroneuromyography (ENMG) matched with the diagnosis of AIDP with mainly sensory axonal loss in the first case and motor demyelinating damage in the second case. The diagnosis was consistent with MFS in the first case and PCB variant of GBS in the second one.

Conclusion The PCB and MFS variant are rare forms of GBS. Ataxia commonly described in both of our cases may lead to overlapping syndrome and supports the view that PCB and MFS belongs to a continuous spectrum. Ataxia makes also difficult to differentiate these clinical entities from brainstem injury. However, areflexia and ENMG help to make the diagnosis. Further studies are needed to clarify whether these entities have specific patterns in electrophysiological studies.

Keywords Guillain-Barré syndrome; Miller-Fisher syndrome; Pharyngo-cervico-brachial variant



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Human brain detection of natural brief facial expression at a single glance

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Background The processing of emotional facial expressions has been studied mainly with stereotypical and posed face stimuli. In the human brain, brief facial expression changes are quickly read from faces (Dzhelyova et al., 2017).

Objectives The purpose of this study is to know how reliably brief changes are detected with realistic faces embedded in a natural context.

Methods In this study, faces varied in viewpoint, identity, gender, age, ethnic origin and background context. We recorded 128-channel EEG in 17 participants while they viewed 50s sequences with neutral-expression faces at a rate of 5.99 Hz (F) at two faces orientations (upright, inverted). Every five faces, the faces changed expression to one of the six basic expression (fear, disgust, happiness, anger, surprised or sadness; Ekman, 1993), one emotion per sequence. EEG responses at 5.99 Hz reflect general visual processing, while the EEG responses at $F/5 = 1.1998$ Hz and its harmonics (e.g., $2F/5 = 2.3996$, etc.) index detection of a brief change of natural facial expression.

Results At group level, the categorization response was measured over occipito-temporal sites and was largely reduced when faces were inverted, indicating that it reflects high-level processes. Our observations with natural expressions highlight a stronger response for a shift from neutral to sad faces, especially over the left hemisphere. Moreover, we observed a right hemisphere dominance for fearful faces and a left hemisphere dominance for surprised faces.

Conclusion Human brain is able to detect automatically in natural scenes dynamic brief facial expression changes.

Keywords EEG; Facial expression; Fast periodic visual stimulations

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EMG de fibre unique

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Contexte L'électromyographie de fibre unique (EMG-FU) a la réputation d'être une technique difficile, consommatrice de temps et d'interprétation délicate mais elle constitue cependant le test électrophysiologique le plus sensible pour les pathologies de la jonction neuromusculaire (JNM). Elle permet également l'étude de la densité et de la morphologie des unités motrices utiles dans diverses pathologies neuromusculaires.

