

Myasthenia Gravis

This is a disease due to antibodies formed against acetylcholine receptors. It manifests as ptosis and diplopia and muscle weakness. It is associated with thymic hyperplasia and thymoma.



PLAY PICMONIC

Mechanism

Antibodies to Acetylcholine Receptor

Ant-tie-bodies attacking A-seagull-cola Receptor

These antibodies lead to loss of function of acetylcholine receptors.

Symptoms

Ptosis

Toast-eyes

Patients usually present initially with extraocular muscle weakness that manifests as drooping eyelids (ptosis) and double vision (diplopia).

Diplopia

Double-vision of eyes

Patients usually present initially with extraocular muscle weakness that manifests as drooping eyelids (ptosis) and double vision (diplopia).

Weakness with Muscle Use

Progressively Weaker with Muscle-flexing

Patients experience fluctuating weakness that worsens as the day progresses. Weakness worsens also with activity and heat.

Respiratory Death

Dead Lungs

Patients experiencing myasthenic crisis are at risk of dying due to respiratory failure.

Thymus Associated

Thigh-mouse

Myasthenia Gravis is associated with thymic hyperplasia and thymoma.

Treatment



Acetylcholinesterase Inhibitors

A-seagull-cola-nest with Inhibiting-chains

Pyridostigmine is the most commonly used drug although neostigmine is sometimes used. It inhibits acetylcholinesterase thus increasing the amount of acetylcholine available for binding to receptors on the postsynaptic membrane. Some sort of immunotherapy (eg. glucocorticoids, azathioprine etc) is often added to the therapeutic regimen as well.

Plasmapheresis

Plasma-fairy

This removes acetylcholine receptor antibodies from the circulation and is used in cases of myasthenia crisis and prior to thymectomy.

Thymectomy

Thigh removed by Scalpel

It is believed that the thymus has something to do with the development of myasthenia gravis. Thus, thymectomy is often indicated in patients with MG.