

# Ocular Myasthenia Gravis

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# Objectives

- 1. Review the diagnostic features
- 2. understand the risk of generalized MG
- 3. Discuss available treatment options



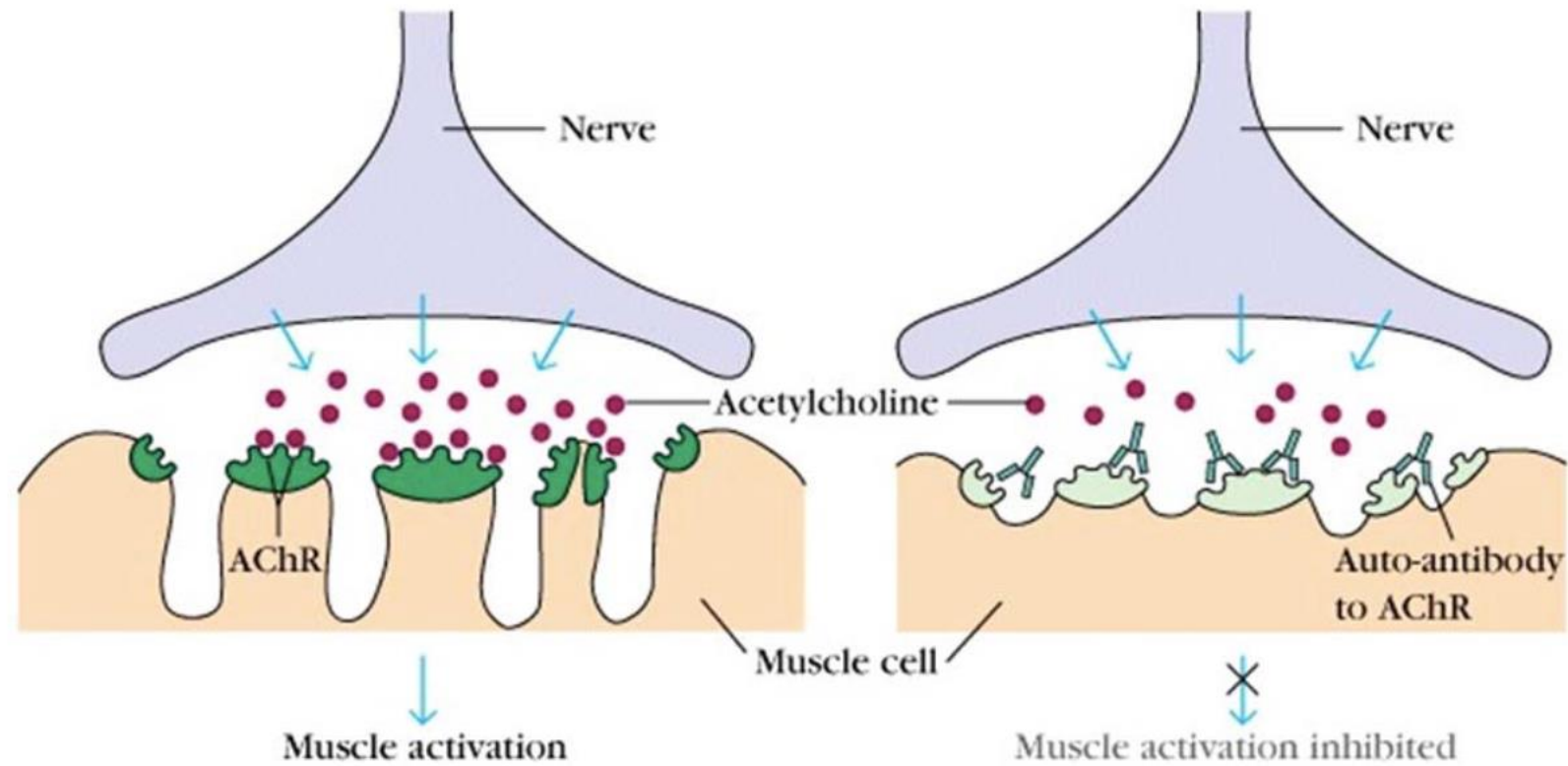
# What is MG

- MG is a neuro-muscular junction disease
- MG is caused by a pathology that targets Acetyl choline receptor "autoimmune"



# Myasthenia Gravis

## BLOCKING AUTO-ANTIBODIES (Myasthenia gravis)



<http://pathologicallyspeaking.blogspot.com/2015/07/speech-therapy-treatment-for-myasthenia.html>



# Clinical Manifestation

- Fatigue
- Difficulty swallowing
- Difficulty speaking
- Breathing issues
- Ptosis
- Diplopia



# Types

- Congenital : Rare
- Adult form : not uncommon , more in middle age women :
  - Ocular
  - Systemic



# Diagnosis

- Eye manifestation: Usually one of the first presenting symptoms
- Most often diplopia and ptosis
- Diplopia/ptosis is worse as the patient is tired and is better after the patient rests



# Unique manifestations

- Cogan's lid twitches
- Variable degree of ptosis
- Variable patterns of muscle weakness
- INO like picture



# Are these enough

- Clinical diagnosis is the most important
- Blood test for antibodies: Sensitivity is 88-93% in generalized MG and only 50% in ocular MG



# Other diagnostic methods

- Rest test
- Ice test
- Single fiber EMG
- EMG with repetitive stimuli
- Tensilon test "I do not recommend"
- Treatment trial "OK"



# Treatment

- Treatment is done by a specialized provider in neuromuscular disease
- Start with Mestinon and sometimes immune suppressant such as steroids, and steroid sparing agents can be used
- Thymus removal
- IVIG
- PLEX



# Why is our rule important

- MG suavely presents with eye manifestations
- MG can present with a crisis
- A crisis usually progresses to cause respiratory muscles impairment and bulbar symptoms and it is a life threatening condition



# How critical and how urgent is the diagnosis

- Screen for generalized symptoms
- Understand the pattern (acute/ chronic/ exacerbating conditions)
- Review patients meds and see any that can cause an MG crisis



If in doubt and if bulbar symptoms are present?

- Talk personally to a neuro-ophthalmologist or a neurologist
- If unable to get a timely response—>send the patient to the ED with a clear message—>
  - Concern of MG crisis
  - Need urgent neurology evaluation
  - Need RT assessment with palm function tests



• Thank you