Myasthenic crisis as the first presentation of myasthenia gravis: A case report

ABSTRACT

Myasthenia gravis is an immune-mediated condition involving the production of various types of antibodies directed against the motor receptors in the postsynaptic membrane at the neuromuscular junction [1]. Myasthenia gravis can be divided into 2 clinical forms: ocular myasthenia gravis limited to the eyelids and extraocular muscles, and generalized myasthenia gravis, which in addition to the involvement of ocular and eyelid muscles, can involve a variable combination of limb, bulbar, and respiratory muscles [1,2]. The incidence of myasthenia gravis ranges from 0.3 to 2.8 per 100 000 people, and it is estimated to affect more than 700 000 people worldwide [3]. It has a bimodal peak of incidence, with the first peak occurring in the 2nd to 3rd decades, which has a female predominance, and the second peak occurring in the 6th to 8th decades, which has a male predominance [1]. Myasthenia gravis is clinically diagnosed based on the typical history and physical findings. These are supported by the presence of serum autoantibodies directed against the postsynaptic components of the neuromuscular junction (most commonly the acetylcholine receptor) combined with the characteristic findings of a repetitive nerve stimulation test showing a decremental response and single-fiber electromyography showing a characteristic jitter response [4].