



Myasthenia Gravis and pregnancy : Case Report

*Dr NAGWA HASSAN
RCPI BST trainee*

*Dr . SUCCESS AKINDOYIN
RCPI / BST trainee*

*Dr . Nikhil Purandare
Consultant obstetrician
&Gynaecologist*

Objective: This case reflect the antenatal course of patient with Myasthenia Gravis .

Conclusion :management of Myasthenia gravis in pregnancy should be under multidisciplinary team with adequate preconceptional counselling and disease control. Regular check of the thyroid function and prompt management of infection with cautious use of certain medication and the aim for vaginal delivery and breast feeding are the key management.

Case report : a 33 year old, nulliparous, Caucasian lady, with a history of Myasthenia Gravis(MG), diagnosed 2010 with symptoms like fatigue, double vision, upper limb weakness, and intermittent respiratory distress; thymoma and hidradenitis suppurativa. She was referred for early pregnancy scan at 6 weeks gestation, A multidisciplinary team was involved in the care of the patient including - neurologist, obstetrician and anaesthetist . She experienced a flare up of her MG symptoms in the first trimester requiring an increase in her medication dose of Pyridostigmine to 60mg QDS. She had a normal anatomy scan at 21 weeks, As autoimmune disease is a risk factor for IUGR, patient was booked for serial fetal growth scans. Growth parameters noted to be on 11th centile at 29 weeks and later improved to 29th centile at 36 weeks. She experienced frequent Episodes of vulva abscess and muscular spasm around hips in this pregnancy, Otherwise no pregnancy complications so far. Currently she is at her 37+6 weeks of pregnancy aiming for a vaginal delivery.

Discussion :

Myasthenia gravis (MG) is an acquired, neuromuscular autoimmune disease in which autoantibodies against the acetylcholine receptor at the neuromuscular junction cause impaired neuromuscular transmission. It presents with weakness and fatigue of skeletal muscles, with a prevalence between 1 in 10 000 and 1 in 50 000 and it affects twice as many women as men. In women, the onset is usually in the second or third decade. The antenatal course of the disease is unpredictable with deterioration in one third of the patients and either improvement or no change in the other two thirds, while a higher risk of deterioration noted within 12 month of diagnosis. Disease can be precipitated by stress ,anxiety ,infection ,hot weather and sub-optimal drug level as in hyperemesis. There are debates among different studies regarding the risk of low birth weight and preterm birth.9% to 30 % of the neonate might suffer from transient myasthenia gravis with complete recovery usually occurring within two months .A rare syndrome of arthrogryposis multiplex congenital was reported in some infants ..