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A Review on Diagnosis and Management of Myasthenia Gravis

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ABSTRACT

Myasthenia gravis is a long-term autoimmune disease characterized by the destruction of nerve-muscle communication by antibodies, which leaves the skeletal muscles feeble. The voluntary muscles in the body are impacted by myasthenia gravis, particularly those that regulate the mouth, throat, eyes, and limbs. There are 150–200 cases of Myasthenia gravis for every million people. This is the prevalence rate. Five main categories comprise clinical features. Breathing difficulties, drooping eyelids, and impaired vision are symptoms. Its causes stem from damage to nerve signals that are linked to muscles. Stress, fatigue, surgery, and pregnancy increase the risk of Myasthenia gravis. Diagnosis tests that are done for Myasthenia gravis. Decreased availability of receptors for activation leads to voluntary muscular weakness that gets worse with continuous use. Complications that cause respiratory failure, dysphagia, and, due to overdose, cholinergic crises blood test of antibodies, pharmacological test, Icepack test, repetitive nerve stimulation, edrophoniurm test, thymus imaging, serological test, and electrodiagnostic studies. Treatments given for Myasthenia gravis are corticosteroids, immunosuppressants, acetylcholinesterase inhibitors, thymectomy, plasmapheresis, intravenous immunoglobulins. In pregnancy, plasmapheresis is given to treat. Steroids and anticholinesterase drugs have not been demonstrated to significantly increase the incidence of plasmapheresis.

KEYWORDS

Myasthenia gravis, clinical classification, Causes, Risk factors, Diagnosis, Treatment

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