Myasthenia Gravis in a Patient With a First Presentation of Acute Hypercapnic Respiratory Failure

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Myasthenia gravis (MG) is a neuromuscular disease characterized by fluctuating weakness in the skeletal muscles, such as the ocular, bulbar, limb and respiratory muscles. Hypercapnic respiratory failure is an uncommon first presentation of MG. A 30 year-old woman was admitted to our hospital due to exacerbated consciousness disturbance, and hypercapnic respiratory failure was found. MG was diagnosed by neurological examination, high anti-AchR antibodies and typical electromyography findings. Chest CT evaluation showed a possible thymoma, and she was treated with oral pyridostigmine, plasmapheresis and surgical thymectomy. The clinical status improved, and she was extubated successfully. We conclude that MG should be considered in the differential diagnosis of unexplained respiratory failure. It is important to recognize this disorder, as it can progress rapidly and has a poor prognosis if not treated promptly.

Key words: hypercapnic respiratory failure, myasthenia gravis, thymoma

Case Report

A 30 year-old woman was admitted to our hospital due to progressive consciousness disturbance. She had been in good health until one week previously, when she presented with progressive sore throat and dysphagia. There was no fever, chills, dyspnea, dysarthria, hemoptysis, neck weakness or muscle weakness. The pattern of dysphagia had no diurnal change, and she no history of choking. She went to a local clinic twice, where acute tonsillitis was diagnosed. She started to experience dyspnea after dinner the day before hospitalization, and had problems remaining conscious upon arrival at the hospital.

On the initial physical examination, her Glasgow coma score was E2V1M5. Her body tem-