Dysphagia as the Sole Presentation in Myasthenia Gravis: A Rare Case of an Uncommon Disorder

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ABSTRACT

Myasthenia gravis is the most common disorder of neuromuscular transmission, but bulbar symptoms as the sole presentation is relatively uncommon. Herein, we report a 25-year-old woman with bulbar myasthenia gravis that progressed to a myasthenia crisis. She visited the emergency department because of involuntary weight loss due to oropharyngeal dysphagia. The diagnosis of myasthenia gravis was confirmed by a positive serum acetylcholine receptor antibody test. Our patient suffered from a myasthenic crisis and aspiration pneumonia, which were successfully treated by plasmapheresis and antibiotics. It is worth emphasizing that bulbar MG is a true neurological emergency and should be seriously considered in young women who present with dysphagia. Early specialist consultation and the initiation of appropriate treatment should be carried out.

Keywords: bulbar myasthenia gravis, emergency department, dysphagia

INTRODUCTION

Myasthenia gravis is the most common disorder of neuromuscular transmission, but is relatively rarely encountered by the emergency physician. The hallmark of the disorder is a fluctuating degree and variable combination of weakness involving ocular, bulbar, limb, and respiratory muscles. However, it is very uncommon for dysphagia to be the sole manifestation of MG as it presents in only 6% of the cases. When a patient whose chief complaint is dysphagia presents at an emergency department, an oropharyngeal or esophageal lesion is the initial potential diagnosis. In addition to these diagnoses, many other possible etiologies need to be investigated by carrying out a detail history taking, a complete physical examination, laboratory tests and central nerve imaging, in order to arrive at a differential diagnoses. Diagnosis as myasthenia gravis in this situation might be difficult to make unless the physician is very alert and familiar with the disease. Herein we report a rare case of bulbar myasthenia gravis complicated by a myasthenia crisis and aspiration pneumonia.

CASE REPORT

A 25-year-old Indonesian woman visited our emergency department in the evening complaining of involuntary body weight loss over several months due to dysphagia. The patient had shown a progressive body weight loss from 55 Kg to 30 Kg since she had come to Taiwan one year earlier. According to a statement by her father in law, she had had problems in initiating a swallow process and with food getting stuck immediately upon swallowing over the last 3 months and this had shown a progressive pattern. There was no fever, chest pain, abdominal pain, diarrhea, vomiting or gastrointestinal upset. She denied physical intolerance especially during the evening over the past one month. She also denied alcohol consumption or a drug history. Tracing back her history, she had been relative well until four months previously when she had suffered from one episode of intrauterine fetal death at other hospital. This had occurred at week 37 of a pregnancy. She had received an induced abortion and soon after this the acute dyspnea began to occur. After the abortion, due to acute hypercapnic respiratory