Myasthenia gravis

- Triggers
    - Infection is the most common
    - Medications such as antibiotics (especially aminoglycosides and fluoroquinolones), β-blockers, quinine-based medications, and magnesium)
    - Physiologic stressors such as surgery, pregnancy, and childbirth)
- Spontaneous worsening without an identifiable trigger can occur
- Early intervention with NIM or IMV can be lifesaving. Elective intubation should be considered if:
    - Decline in VC to less than 20 mL/kg of IBW
    - Progressive hypercapnia and respiratory acidosis
    - Difficulty handling oral secretions
- Myasthenic crises
    - Therapeutic plasma exchange or IV immunoglobulin (IVIG)
    - Neither is definitively superior to the other, but plasma exchange may have a more rapid onset acting within 1 day
- Corticosteroids have a much slower onset of action of about 2 to 3 weeks but can be continued to provide benefits that last longer
    - Can be associated with an initial worsening of symptoms that usually occurs about 1 week after their initiation or increase in dose but that is mitigated by the early improvement offered by plasma exchange or IVIG
- Thymectomy is considered in patients with either thymoma or in young patients with antibodies to the acetylcholine receptor even in the absence of thymoma
    - The benefit occurs over years
- Ravulizumab can be used as a corticosteroid-sparing agent in the long-term management
    - It has onset in 1 to 2 weeks, with a long-lasting effect, and can be dosed at 8-week intervals