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**Effect of myasthenia gravis
in pregnant women**

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Abstract :

The clinical course of myasthenia gravis during pregnancy is variable, with a significant proportion of patients experiencing worsening of the clinical symptoms. However, neonatal transient myasthenia was uncommon in our patient population.

INTRODUCTION :

Myasthenia gravis is a chronic autoimmune neuromuscular disease characterized by varying degrees of weakness of the skeletal (voluntary) muscles of the body. The name myasthenia gravis, which is Latin and Greek in origin, literally means "grave muscle weakness." With current therapies, however, most cases of myasthenia gravis are not as "grave" as the name implies.

The hallmark of myasthenia gravis is muscle weakness that increases during periods of activity and improves after periods of rest. Certain muscles such as those that control eye and eyelid movement, facial expression, chewing, talking, and swallowing are often, but not always, involved in the disorder. The muscles that control breathing and neck and limb movements may also be affected

Discussion :

At the first research Official publication of the collage of family physicians of Canada found that : MG does not have any severe adverse effects on pregnancy.. In contrast, it is possible for infants to develop transient neonatal MG. This happens in 10% to 20% of cases owing to placental transfer of immunoglobulin G antibodies in the second and third trimesters. The neonate typically develops symptoms 2 to 4 days after birth, including respiratory problems, muscle weakness, feeble cry, poor sucking, and ptosis, necessitating close monitoring This condition usually reverses itself after 3 weeks without complication

In second report done by The American Academy of Neurology :About 15 percent of infants born to women with MG are thought to develop neonatal MG through the passage of MG antibodies between the mother and newborn. The symptoms are usually mild or moderate, and include poor sucking and muscle tone.. Birth defects or other neonatal complications - from mild to severe - were noted in 27 of the 127 children born to women with MG. Five of those had severe birth defects, but that number was not considered statistically significant when compared with all birth

By third study done in Lucile Packard children's hospital Stanford : Pregnant women with MG often have more weakness and fatigue because of the added weight and effort of pregnancy.. Preterm labor (labor before 37 weeks of pregnancy) is more likely. Delivery of the baby may be more difficult in women with MG. While labor itself is not affected by MG Between 12 and 20 percent of babies born to women with MG may have neonatal myasthenia gravis. This occurs when antibodies common in MG cross the placenta to the developing fetus. These babies may be weak, with poor suck, and may have respiratory difficulty. Neonatal MG is usually temporary, lasting only a few weeks

Compare :

According for different three study , the effect of this disease during pregnancy involved mother and baby together .

The mother may have many problem like : weakness , fatigue , Preterm labor, , while baby ;the main effect is Neonatal MG that usually temporary, lasting only a few weeks , respiratory problems, muscle weakness, feeble cry, poor sucking.

Recommendation

Pregnant patients with myasthenia gravis should maintain a well-balanced, potassium rich, diet. Rest is very important to restore muscle strength, especially during pregnancy. Pregnant patients with myasthenia gravis should be cautious not to compromise sleep.

Follow-up consists of evaluating patients for adverse effects of pharmaceuticals and preventing infection. Observing the patient for signs of respiratory deterioration is necessary. The postanesthetic period is very important, because postpartum exacerbation is common. Arterial blood gases should be checked often; thus, a surgical intensive care unit (ICU) is the best place for postoperative patients with myasthenia gravis

Conclusion

Myasthenia gravis especially when associated with pregnancy is a high-risk disease, and its course is unpredictable. Severe up to life-threatening conditions might occur especially due to generalized weakness, in particular respiratory insufficiency endangering the parturient as well as the newborn. As this disease predominantly occurs in women of reproductive age, it is important to be aware of this condition and its interdisciplinary diagnostic and therapeutic .management

Reference:

1- Shahnaz Akhtar Chaudhry, Myasthenia gravis during pregnancy , canada **2012 Dec**
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3520659/>

2- *St. Paul, Minn* , Effects of Maternal Myasthenia Gravis on Pregnancy and Birth Examined
, USA, November 24, 2003

<https://www.aan.com/PressRoom/Home/PressRelease/7>

3- Myasthenia Gravis and Pregnancy

<http://www.stanfordchildrens.org/en/topic/default?id=myasthenia-gravis-and-pregnancy-90-P02434>