


13. Gracey DR, Divertie MB, Howard FM. Mechanical ventilation for respiratory or infectious complications (such as atelectasis and pneumonia) in the ICU. For example, a more aggressive respiratory management protocol at Hopkins halved the prevalence of atelectasis and pneumonia compared to the Columbia series. Thus, any study reporting the management or outcomes of this rare situation is welcomed.


Invited Comments

One of the two major neuromuscular diseases that neurointensivists admit to an intensive care unit (ICU) is myasthenia gravis (MG, the other, Guillain-Barre syndrome). Because MG patients develop crisis leading to intubation and mechanical ventilation infrequently, not much is known about it. Even less is known about myasthenic crisis in developing countries. The reason is the rarity of the disease per se. Modern studies from Columbia-Presbyterian and Johns Hopkins Hospitals have been published in the Western literature, but even these report few tens of cases. From these and other studies it became evident that in recent times the prognosis of myasthenic crisis has improved significantly. This is mainly due to novel treatments (such as plasmapheresis and IVIG), but, probably to a greater degree, due to early recognition and aggressive treatment of respiratory or infectious complications (such as atelectasis and aspiration pneumonia) in the ICU. For example, a more aggressive respiratory management protocol at Hopkins halved the prevalence of atelectasis and pneumonia compared to the Columbia series. Thus, any study reporting the management or outcomes of this rare situation is welcomed.

From that perspective, the report by Murthy et al, in this issue of Neurology India represents a valuable new insight into the vast Indian population. The authors retrospectively studied 21 MG patients with 23 myasthenic crisis episodes. More than half of these occurred within the first 2 years from the disease onset and in two-thirds the precipitant factor was infections. Half of the crises lasted for 11 days, with an NICU stay of 15 days, numbers not different from those reported from Western ICUs. Interestingly, although selection bias is quite possible, it seems that plasmapheresis leads to earlier extubation than IVIG. All this information and the fact that only two patients (10%) expired, shows again the significant improvement in MG crisis outcomes, which is not limited to Western countries anymore. In conclusion, not only for presenting this new data to us, but for their everyday effort and hard clinical work leading to these results, the authors have to be commended.

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