Authors’ Reply

Sir,

We thank Kumar and colleagues for his interest in our article published in the March issue of the journal. All the patients were established cases of myasthenia gravis (MG) under follow up in our clinic. The initial diagnosis in the patients was established by neostigmine test and decenem response. This has been stated in the material and methods. We had not used neostigmine to establish the diagnosis of myasthenic crisis in our series. We are very much aware of the safety and superiority of edrophonium over neostigmine, unfortunately the availability is a major limiting factor. A cholinergic crisis is less common than presumed and combination of both crises is often clinically encountered as seen in one of the patients in our series.

Steroids were started in all the patients after disease stabilization while they were in the hospital. The initiation to steroids was gradual. Worsening with high-dose steroid occurs 7–14 days after initiation of the high doses and usually lasts less than 1 week. It appears that gradually increasing the dose of steroids over a period reduces the risk of the early worsening of the disease.

In patients with MG uncontrolled studies, plasma exchange (PE) have demonstrated efficacy with the onset of improvement within the first week. Randomized controlled studies comparing PE with intravenous immunoglobulin (IVIg) have demonstrated equal efficacy, but significantly fewer and less severe side effects for the IVIg. The data on the efficacy of both these immunomodulators in myasthenic crisis are limited. In a retrospective multicenter study PE (compared with IVIg) was associated with a superior ventilatory status at 2-week and 1-month functional outcome. However, the complication rate was higher with PE compared with IVIg.


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References
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