ISSN: 2573-9565

Case Report

Journal of Clinical Review & Case Reports

Neonatal Myasthenia Gravis: Case Report

Moreira GS*, Fontes RCFB, Toledo DO, Souza AL and Souza ACJ

Neonatal ICU of Rondonópolis–MT, Brazil

***Corresponding author**
Gabriela S Moreira, Neonatal ICU of Rondonópolis–MT, Brazil, Tel: +55 16991767442; E-mail: gabriela_gsm@hotmail.com

Submitted: 24 Nov 2018; **Accepted**: 30 Nov 2018; **Published**: 15 Dec 2018

Introduction

Neonatal myasthenia gravis is characterized by impaired neuromuscular transmission. It affects up to 30% of the children of pregnant women with myasthenia gravis. The absence of maternal symptoms is not related to the non-occurrence of the disease. It is believed that there is a transfer of antibodies against nicotinic acetylcholine receptors, which may cause hypotonia, respiratory failure, weak crying, sucking difficulty, arthrogryposis, hyperbilirubinemia, among other alterations.

Case Report

Male newborn, mother's son with myasthenia gravis, cesarean delivery due to fetal distress, gestational age of 34 weeks and 2 days, birth weight of 1435g, APGAR 6/8. He evolved with progressive respiratory discomfort and hypo tonicity, being referred to the Intensive Care Unit, or tracheal intubation and exogenous pulmonary surfactant. He presented successive extubation failures, maintaining general hypotonia. The anti-acetylcholine receptor antibody dosage was positive (7.01 nmol/L, the normal value being less than 0.25nmol/L), confirming the diagnostic hypothesis of neonatal myasthenia gravis. Initiated Pyridostigmine 0.5 mg / kg / dose twice daily with good clinical evolution [1-3].

Comment

Neonatal myasthenia gravis is one of the few treatable muscular diseases in the newborn. Although most affected newborns respond well to anticholinesterase therapy, it is not possible to predict the occurrence and severity of the disease. Adequate diagnosis can prevent complications, especially those related to the respiratory system. Normal levels of anti-acetylcholine receptor antibody do not exclude the disease, and detection of the antibody against specific tyrosine kinase can be positive in up to 50% of such cases, aiding the diagnosis.

References

1. Paulo R Margotto, Regina H Buffman, Káritas Rios Lima (2012) Miastenia gravis neonatal: relato de caso. Brasília Med 49: 66-70.
2. Lorenzoni PJ, Scola RH, Kay CS, Werneck LC (2012) congenital myasthenic syndromes: a brief review. Pediatric Neurology 46: 141-148.
3. Wanderley Mirian, Werlang Ana, Pereira Lívia (2012) Myasthenia gravis e gestação: relato de caso e discussion dobre manejo Durante gravidez, parto e puerpério. Brasilia Med 49: 118-124.