INTRAVENOUS IMMUNOGLOBULIN (IVIG) HAS NOT YET PROVEN MORE EFFECTIVE THAN STEROIDS IN THE CHRONIC MANAGEMENT OF MYASTHENIA GRAVIS

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Myasthenia gravis is a prototypic antibody-mediated autoimmune disease caused by pathogenic antibodies directed against the muscle acetylcholine receptors. Early on, the disease partially responds to anticholinesterase agents but these drugs are of minimal benefit in the long-term management of the disease. MG invariably responds to prednisone, immunosuppressants, IVIg, and plasmaphereris.

I will argue that the treatment of choice in MG is with steroids followed by an immunosuppressant such as Azathioprine, Mycophenolate, or Cyclosporin, used as steroid-sparing agents. IVIg is as effective as plasmapheresis but both are presently used to treat myasthenic crisis, stabilize a patient before thymectomy, or as a supplemental therapy in difficult cases poorly responding to the aforementioned agents.

I will argue that the role of IVIg in the chronic management of MG has not yet been established. The recent small trial (Zinman et al Neurology 2007) showed minimal and short-lived benefits. More studies are clearly needed to settle a number of issues regarding the role of IVIg in the chronic management of MG including its efficacy for regular, every 4-6 week administration periods, the capacity to ameliorate the initial worsening induced by steroids and its potential synergistic effect with the other regimens. Further, optimal protocols for induction and maintenance of IVI therapy in MG remain unsettled. The cost of IVIg needs to be also weighted against the long-term side effects of the other, arguably effective, therapies.