Myasthenia gravis with isolated bulbar syndrome on presentation, two case reports

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Background: Myasthenia Gravis is an autoimmune disorder mediated from antibodies clinically presented with easy fatigability of various groups of muscles. The most common antibodies causing the clinical features are anti-AChR and anti-MuSC antibodies. Bulbar syndrome is common in the course of the disease but is rare at presentation especially in the anti-AChR subtype. Case report: From our Myasthenia Gravis database we selected two cases presenting solely with bulbar symptoms. The first patient is a 55 year old man with a 2 months history of dysphagia and dysarthria, not associated with easy fatigability or ocular symptoms. After excluding other causes of bulbar syndrome (vascular etc) the patient underwent electrophysiological and laboratory test and was diagnosed with anti-MuSC MG. Later in the course of the disease he developed bilateral facial paralysis and respiratory distress. He was twice under mechanical ventilation and did 2 cycles of plasmapheresis before being stabilized with a corticosteroid regimen. The second patient is a 84 year old man with a one year history of intermittent dysphagia and dysphonia. He was hospitalized because of severe difficulty swallowing without easy fatigability, diplopia or ptosis. The lab studies showed anti AChR Ab level of 4.98 nmol/L. After the treatment with Pyridostigmine the symptoms resolved quickly and the patient has been in optimal conditions with a 180mg/day dose of Pyridostigmine. Discussion: Approximately 15% of patients with Myasthenia Gravis present with bulbar symptoms besides other clinical features, while isolated bulbar presentation is less common, especially in the patients positive for anti AChR Ab. Anti MuSC MG patients don't respond to Pyridostigmine and are more prone to myasthenic crisis. Myastenia Gravis should be included in the differential diagnosis of patients presenting with bulbar syndrome regardless having or not other MG features.