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Bulbar weakness not necessarily precedes weakness of skeletal muscles in myasthenia

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1 LETTER TO THE EDITOR

With interest we read the article by Torres-Barrera et al. about a 64yo male with dysphagia as presenting manifestation of myasthenia gravis(MG). [1] We have the following comments/concerns.

Dysphagia is not an uncommon feature of MG [2] and has been repeatedly reported, even as initial manifestation of MG. [3]

Neurological examination of the index patient revealed "muscle weakness of the examined muscles". [1] When did it develop? The patient had an uneventful previous history, except for dysarthria/dysphagia. [1] We should know which skeletal muscles were weak, the degree of muscle weakness, if there was worsening of weakness during daytime, and if muscle weakness occurred before dysphagia, which is usually the case. We also should know if dysphagia/dysarthria occurred first and if there was dropped head syndrome or respiratory muscle weakness, which frequently go along with dysphagia/dysarthria in MG.

A highly sensitive tool for diagnosing MF is single-fiber electromyography(SF-EMG). [4] We should know if any of the affected/unaffected muscles were investigated by SF-EMG and if the jitter was increased. An increased jitter may be found even in clinically unaffected muscles.

The patient responded favourably to azathioprine/pyridostigmine. We should know if acetyl-choline receptor antibodies(AchR-abds) titres declined upon immunosuppression.

MG is frequently associated with other autoimmune disease, including myositis. Myositis may manifest as dysphagia. [5] Was myositis excluded as cause or aggravating factor of dysphagia? Dysphagia may be also due to central nervous system(CNS) disease. Was a CNS cause of MG excluded by cerebral MRI?

Overall, this interesting case report may profit from solving discrepancies and providing supplementary data.

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