A CASE REPORT OF A PATIENT WITH DOUBLE SERONEGATIVE ANTI-LRP4-NEGATIVE MYASTHENIA GRAVIS (MG)

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Aim: A case report

Methods: A 42 years old female patient with MG diagnosed according to anamnesis, neurological, electromyographyc, immunological and pharmacological investigations. CT of chest performed.

Results: Patient was born with a bilateral ptosis, ophtalmoplegia, swallowing and breathing difficulties. Breathing and swallowing difficulties disappeared after one month spontaneously. Ophtalmoplegia and ptosis remained until 28 years. With her 28 she was hospitalized due to breathing and swallowing difficulties. Neurological examination revealed ophtalmoplegia, ptosis, and weakness of sternocleidomastoid, neck, trapezius and latissimus dorsi muscles, pharyngeal reflex was absent. Neuromuscular transition testing revealed maximal decrement of orbicularis oculi muscle - 15%, of right deltoid muscle – 17%. Antibodies against AChR, Titin, MuSK – all were negative. Pyridostigmine test was mild positive. EMG of left mental and right deltoid muscles revealed muscular pathology, duration of motor unit potentials decreased after physical activity up to 2 m/sec, and amplitude up to 1 mv. Mediastinal CT revealed thymus hyperplasia. Patient was diagnosed Myasthenia Gravis (MG), given puls-therapy with methylprednisolone (1 g. i/v), after that began Prednisolone 50 mg. after day p/o, Azathioprine 100 mg. daily. Patient's clinical condition improved one month later remained only ophtalmoplegia and ptosis. After 3 months treatment Prednisolone was reduced up to 15 mg after day and stopped after 1 year. Patient continued treatment with Azathioprine. One year later patient by herself stopped receiving Azathioprine. One more year later MG generalized, began treatment with Prednisolone and Azathioprine again with same dosage, patient's health condition improved… Patient's was stabilized clinically but she stopped again treatment with Azathioprine by herself. Her condition exacerbated again, and improved after the same treatment...

Concluison: This is a case of patient with double-seronegative, Anti-LRP4 negative MG. It is described clinical-electrophysiologic peculiarities and treatment strategies. Azathioprine is an effective treatment in double-seronegative, anti LRP-negative MG patients.