Ocular Myasthenia: ***Clinical Presentations***

- *Ptosis*
- *Ophthalmoplegia*
- *Ocular Motor Nerve Paresis*

  (III, IV, VI Nerve paresis)

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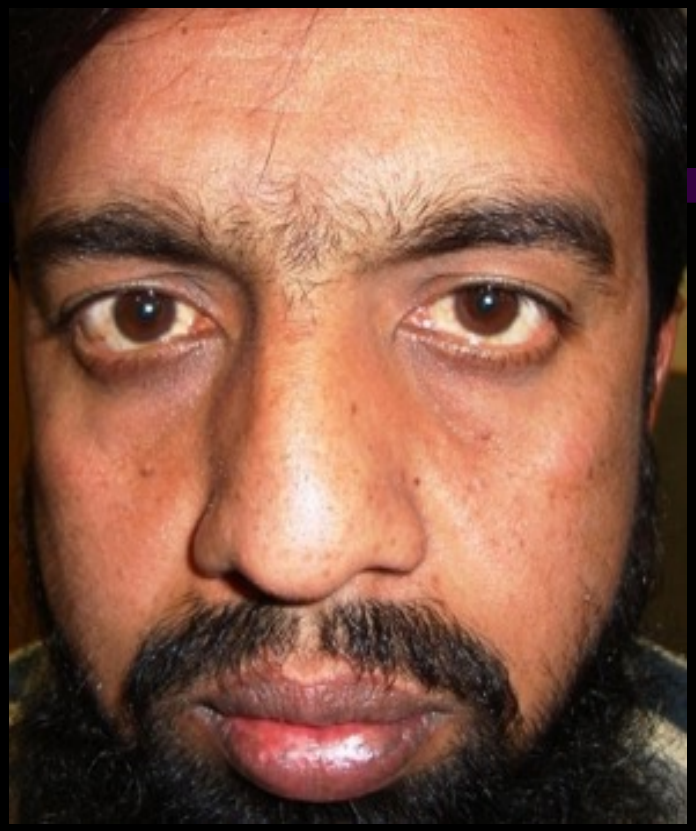

- 35 years ,male presented with Sudden onset of vertical Diplopia and upward deviation of L eye in primary position..6 month
- Diplopia on down and inward gaze with torsional element increasing on right gaze
- Intermittent initially
- Later become permanent

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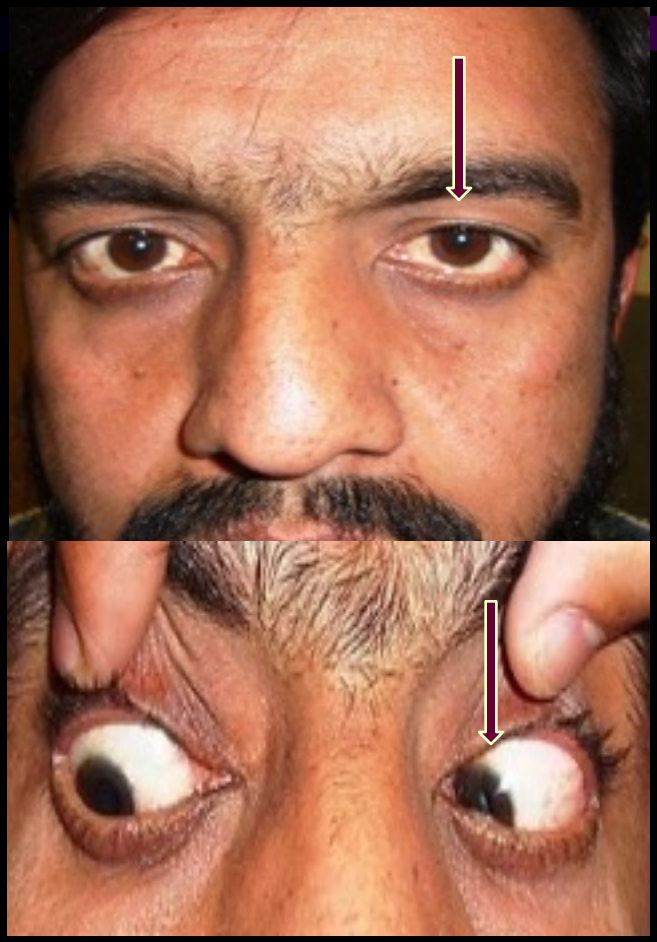
Ocular Examination



- Slight face turn to right
- Left hypertropia 15 PD, increased to 70 PD on down gaze
- VA..20/20 BE e normal colour vision
- Pupil..5mm/Normal reacting/no RAPD
- Fundus--NAD

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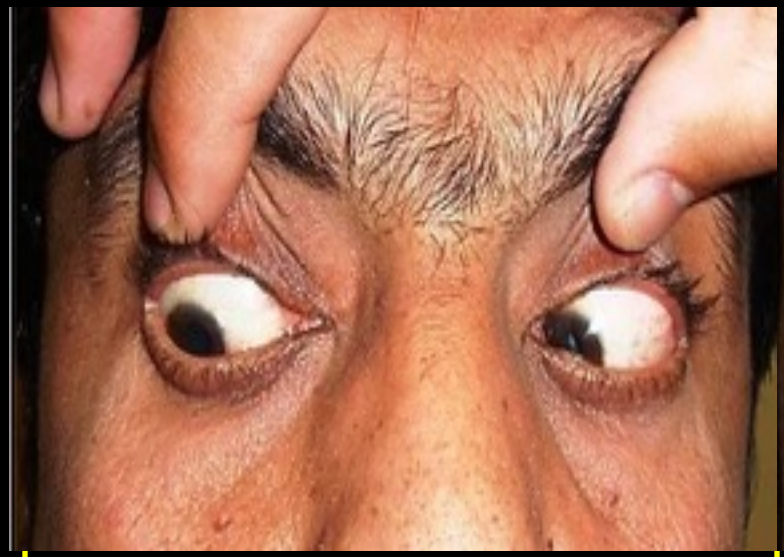
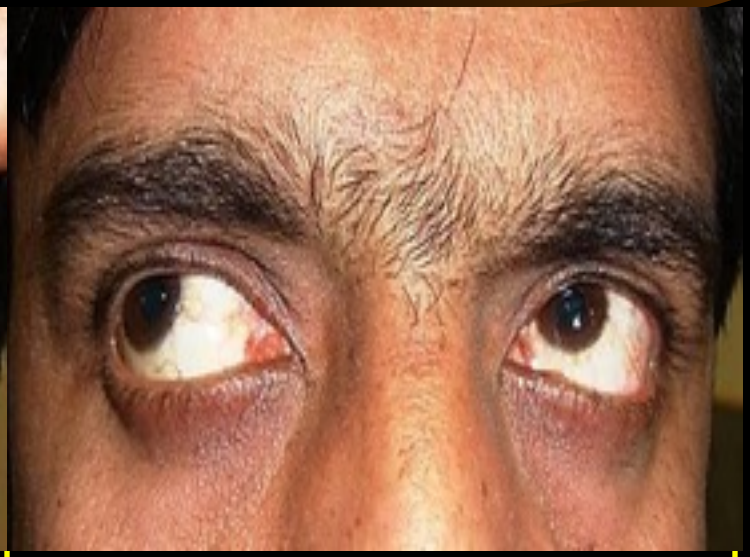
Extra ocular movements

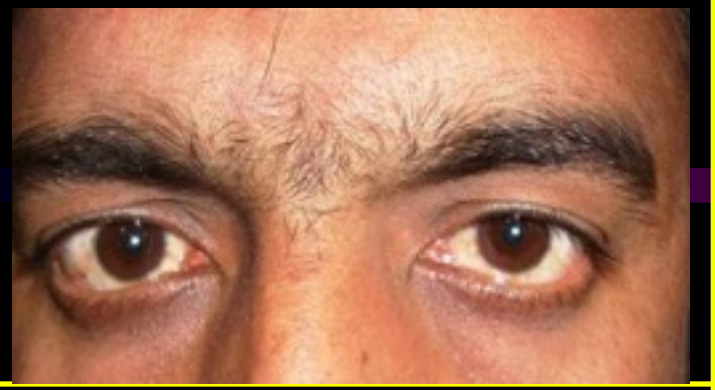


Underaction Left SO

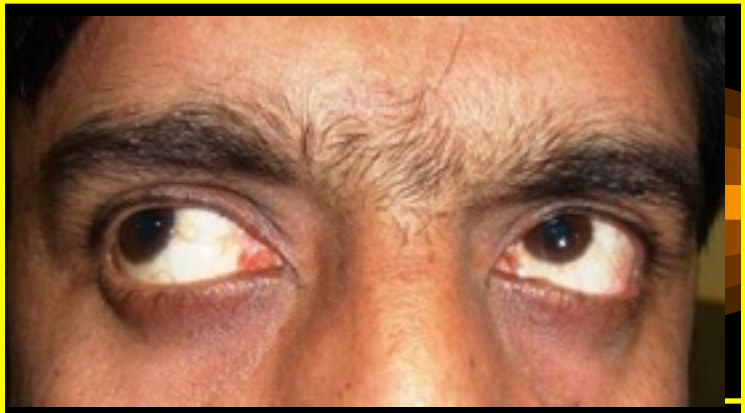


Overaction of Left IO

Parks Three step test



- STEP 1
- left hyperdeviation in primary position when right eye fixating
-



·STEP 2
·Hypertropia increased on right gaze

·STEP 3 Hypertropia inc on
·ipsilateral head tilt

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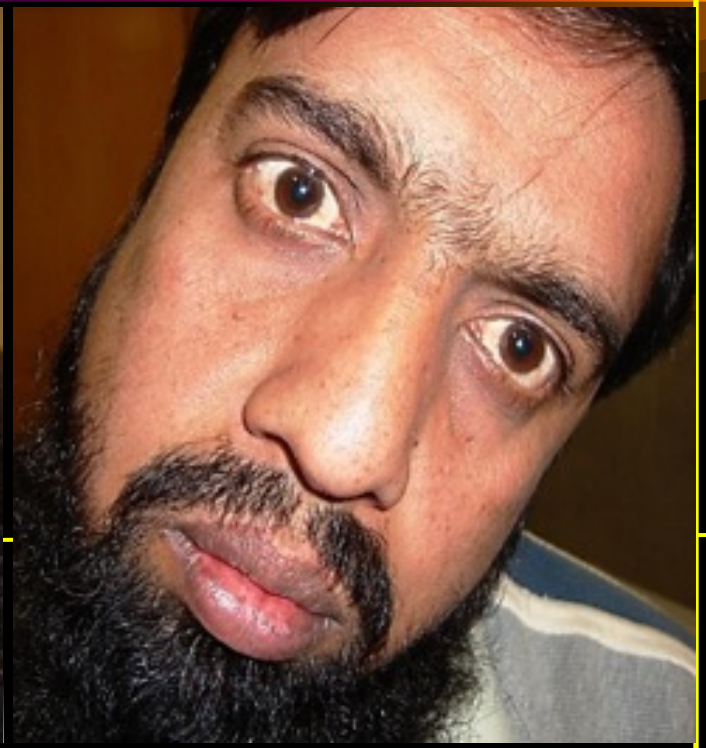
Positive Bielschowsky test

Absence of right hyperdeviation on contralateral head tilt



Increase in left hyperdeviation on ipsilateral head tilt

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Diagnosis:
L IV Nerve Palsy

D/D: Sudden onset, in an adult:

- Trauma
- Intracranial SOL
- Demyelinating disorder
- Ocular Myasthenia
- Diabetes, Hypertension

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Diagnosis

Since the patient did not have H/O Head injury, headache, DM,HTN and other neurological symptoms

BUT had H/O Of intermittency and easy fatigue ability , we proceeded with

Prostigmine test

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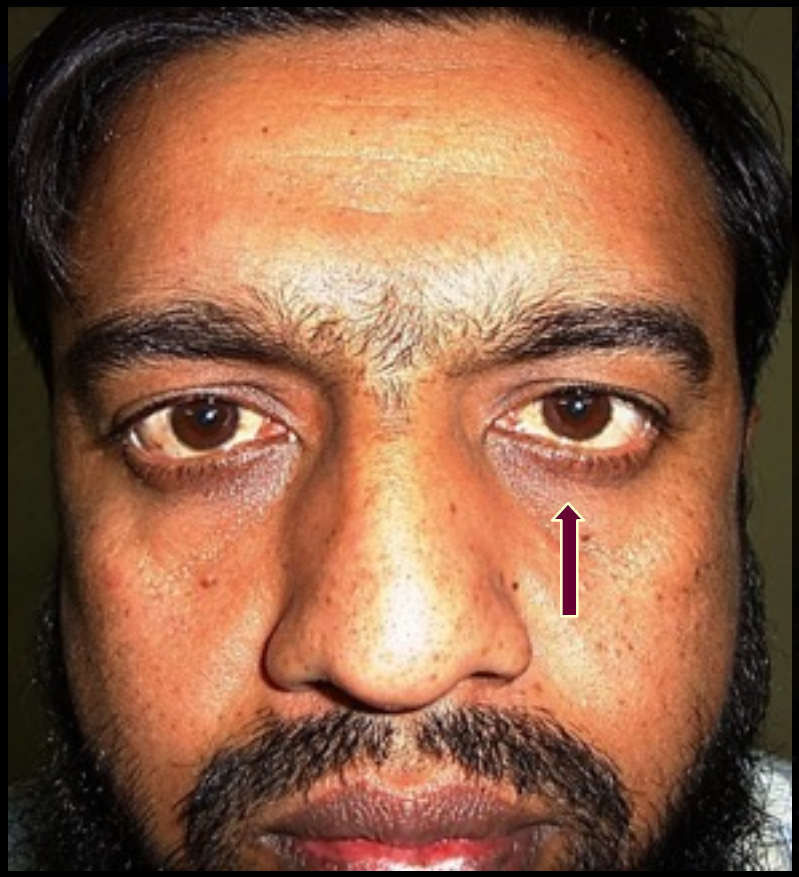
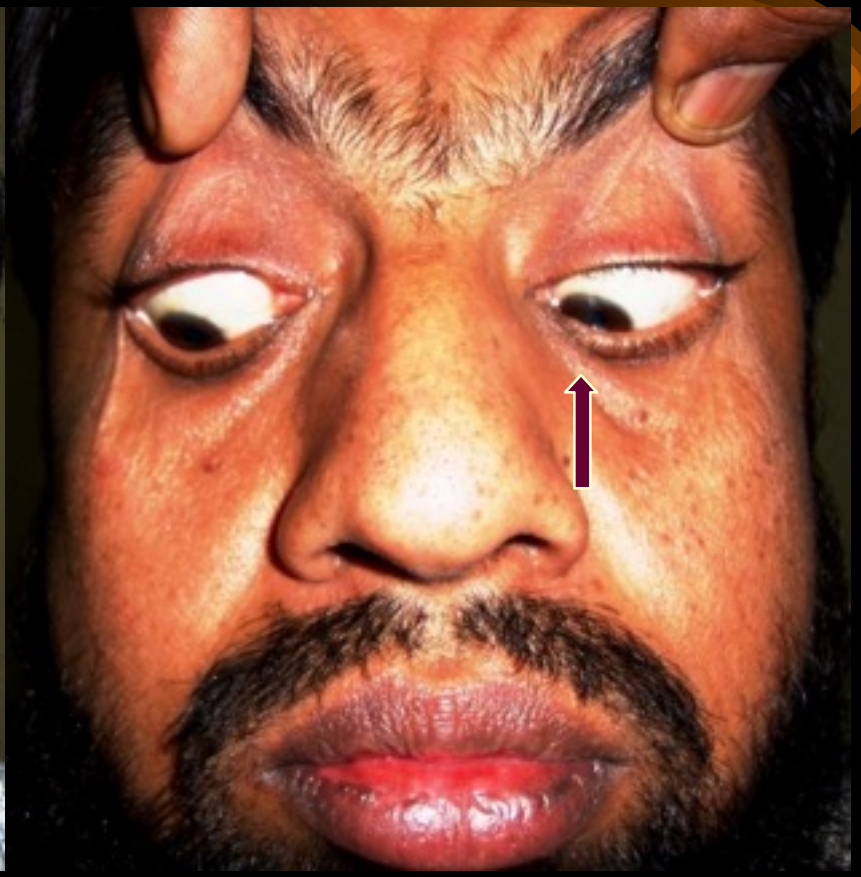
Prostigmine Test



Improved hypertropia



Improved SO function

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Investigations

- CP/ESR ..Normal
- BSR -98mg/dl, HbA1c ..5.0%
- Serum T3.. 2.3 nmol/L(1.49-2-60)
  T4.. 80nmol/L (71.2-141)
- TSH--3.03 U/ml(0.4-4.6)
- Antiacetylcholine receptor antibody assay (AChR).5.1mmol/L(<0.2) Positive

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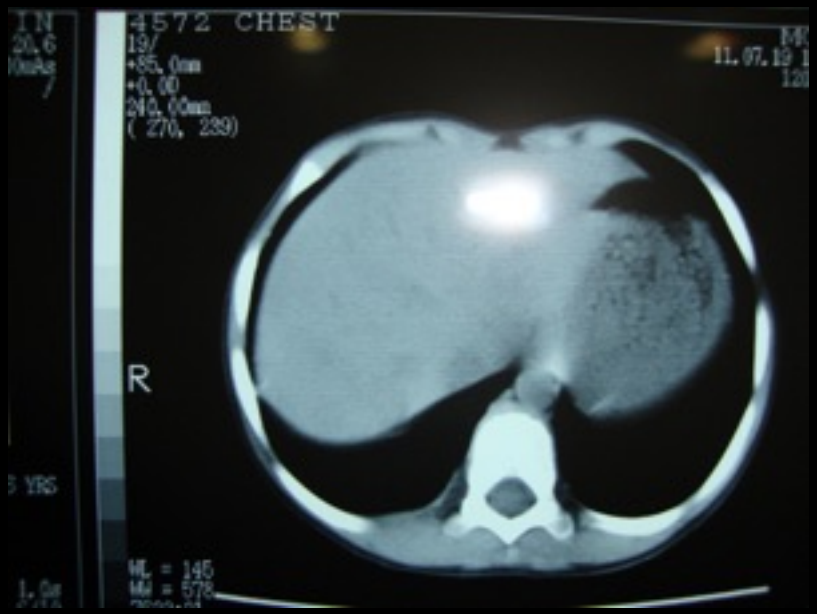
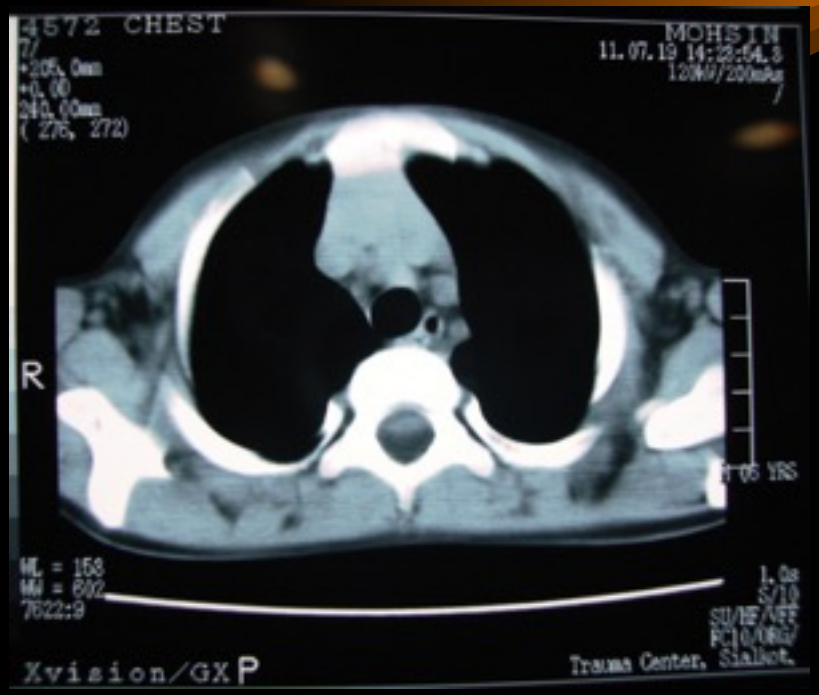
MRI CHEST





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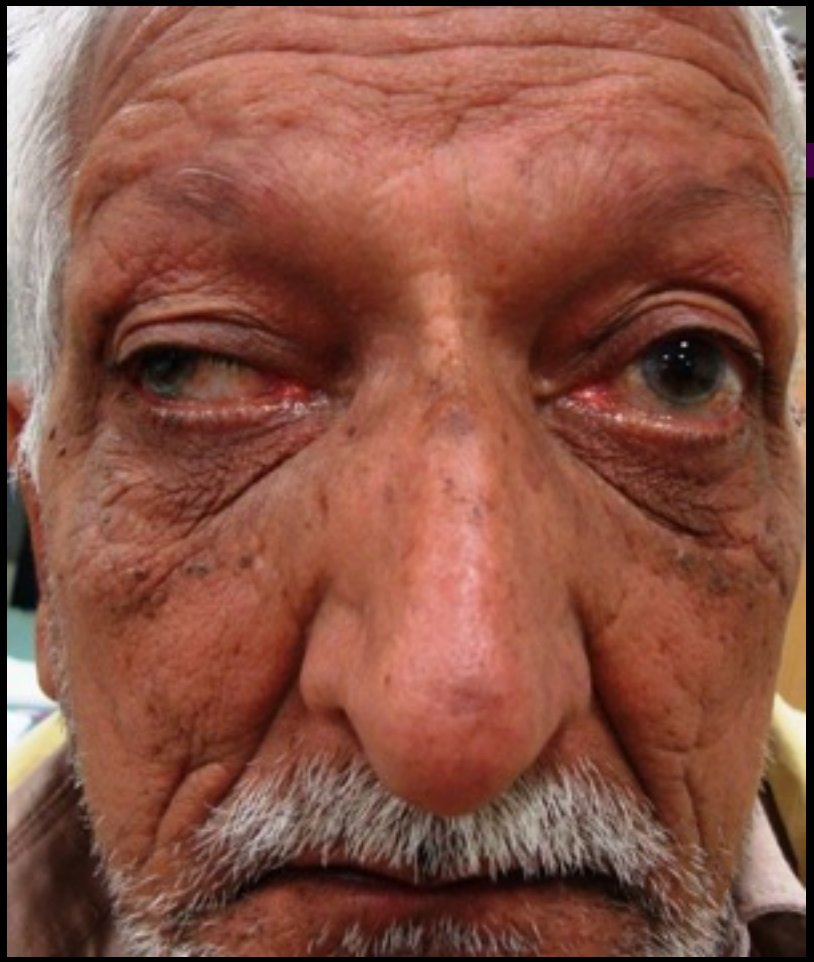

- 62 y male .
- Drooping of right upper lid increasing gradually and horizontal diplopia..7 /12
- Diurnal variation
- H/o relapses and remissions
- No systemic illness

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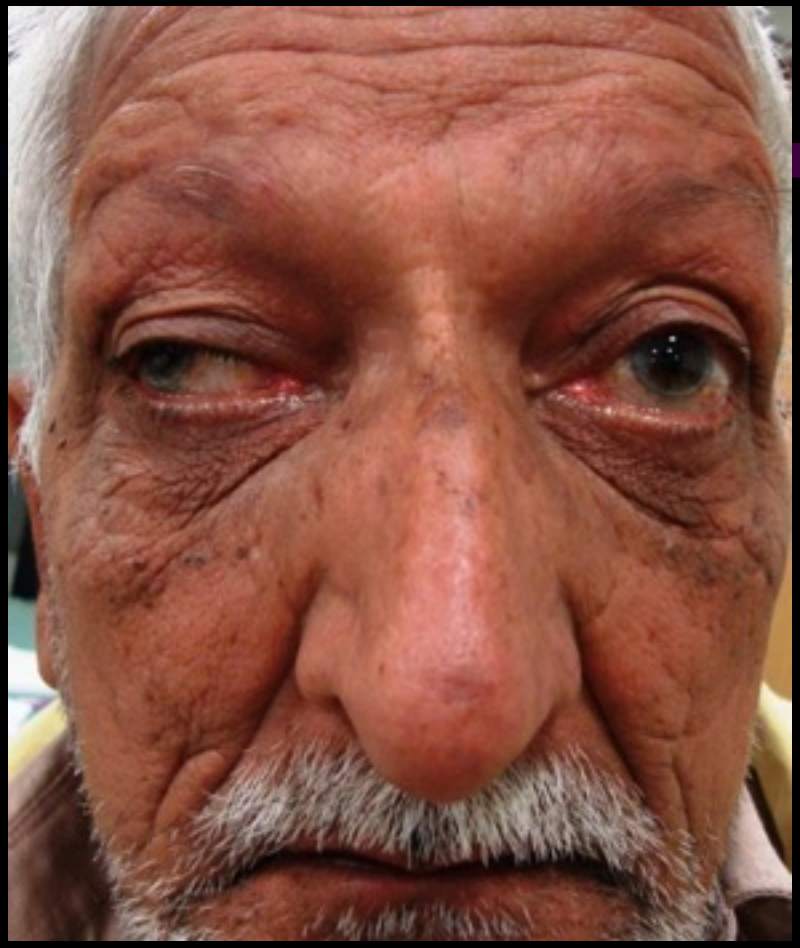

Right ptosis and exotropia in primary position

- Frontalis over-action
- Visual acuity --- 6/6 both eyes
- Pupil..Normal reacting/no RAPD
- IOP and fundi--- normal

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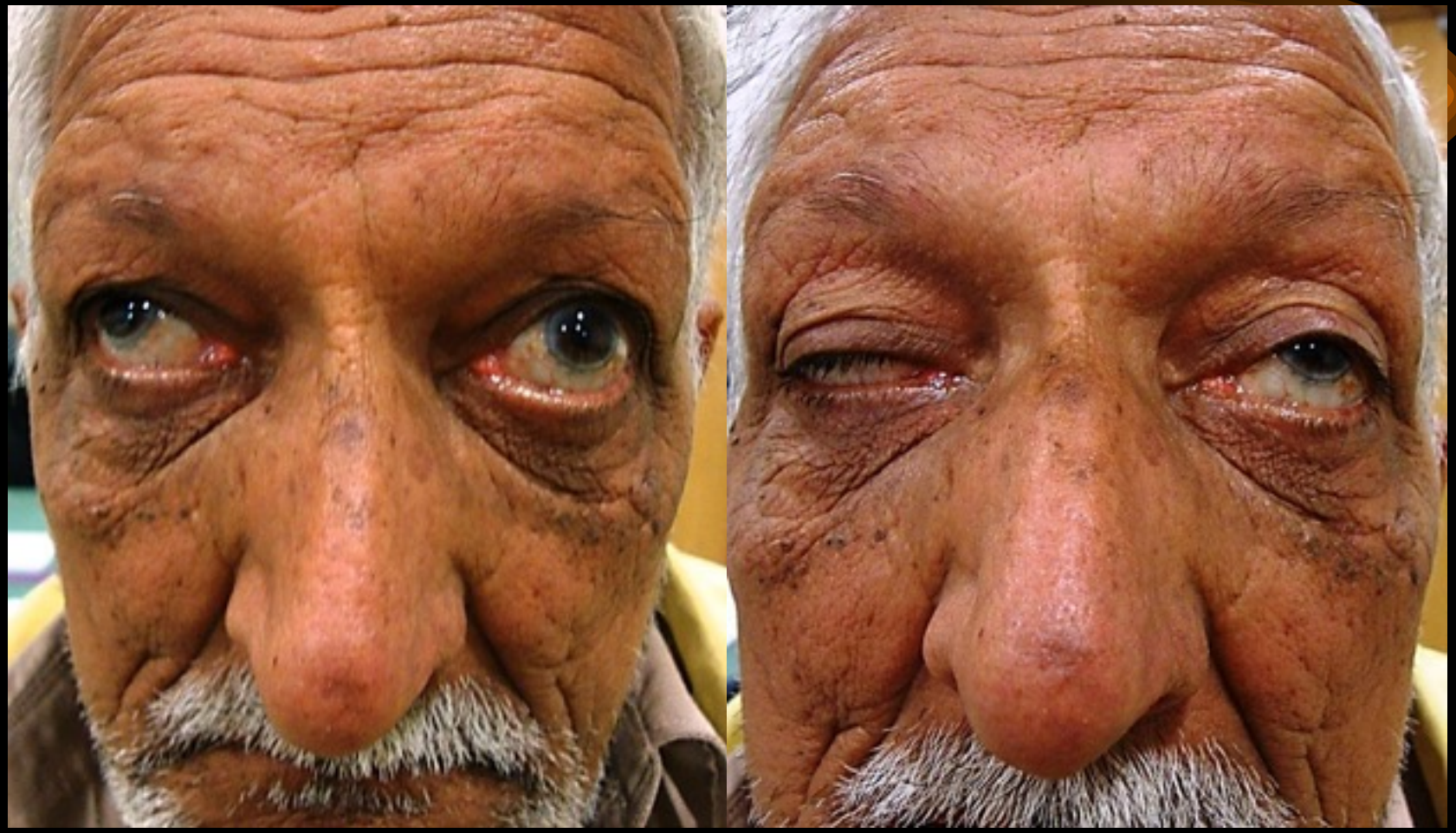
Fatigue Test :



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*Clinical Diagnosis: **III Nerve Palsy***

D/D :

- Right pupil sparing 3rd nerve palsy
- Myasthenia Gravis
- Thyroid eye disease
- CPEO

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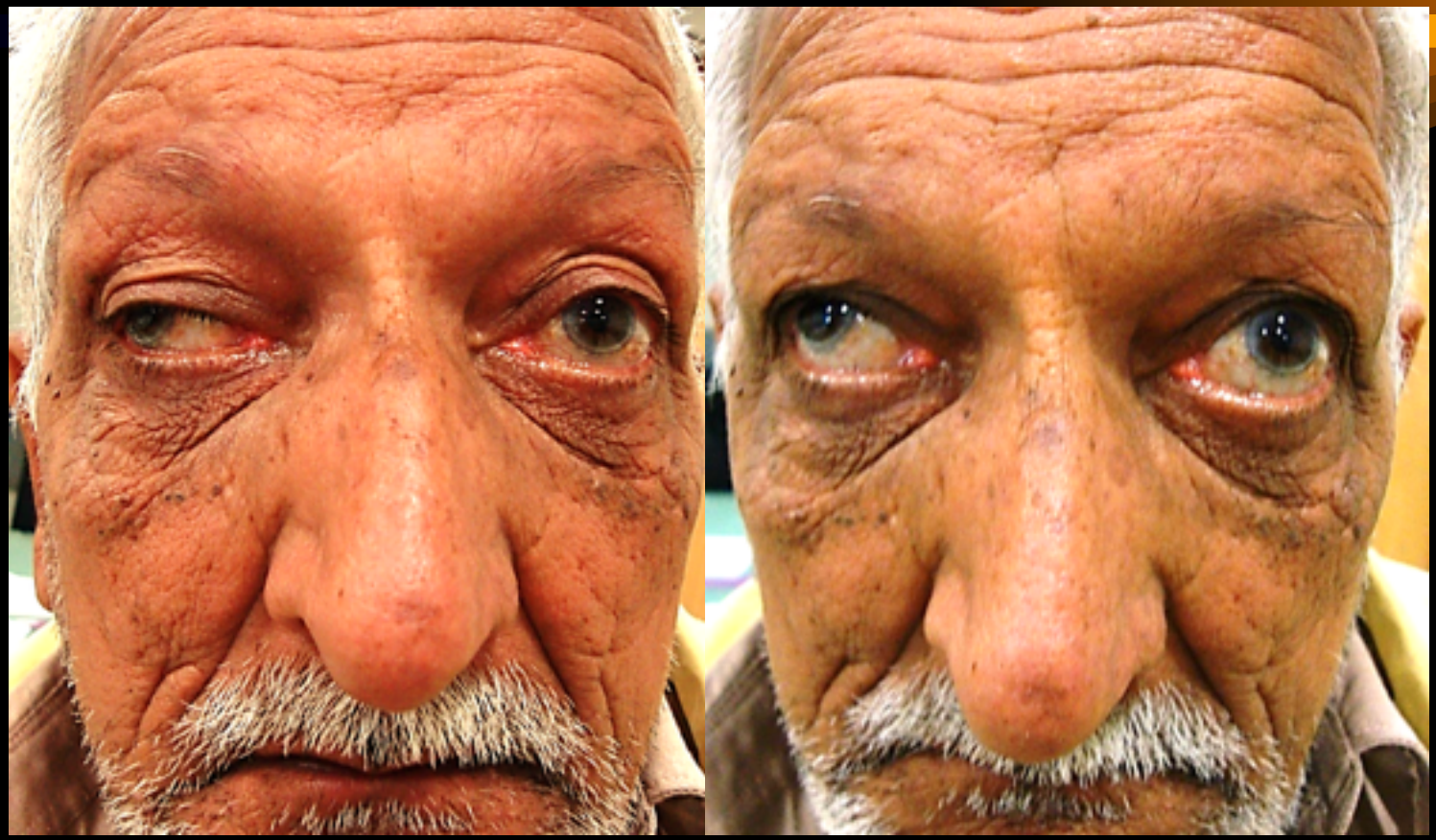
Prostigmine Test



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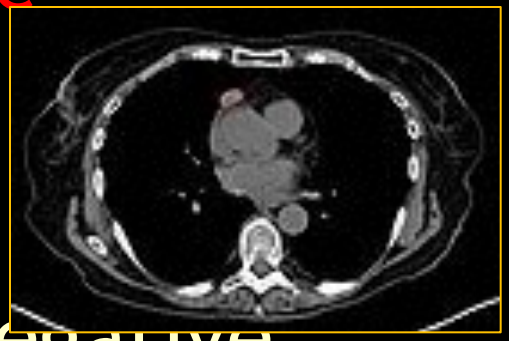
INVESTIGATIONS:

BASELINE: normal

Prostigmine test was done:

Positive



CT for Thymoma

Ach receptor antibodies : negative

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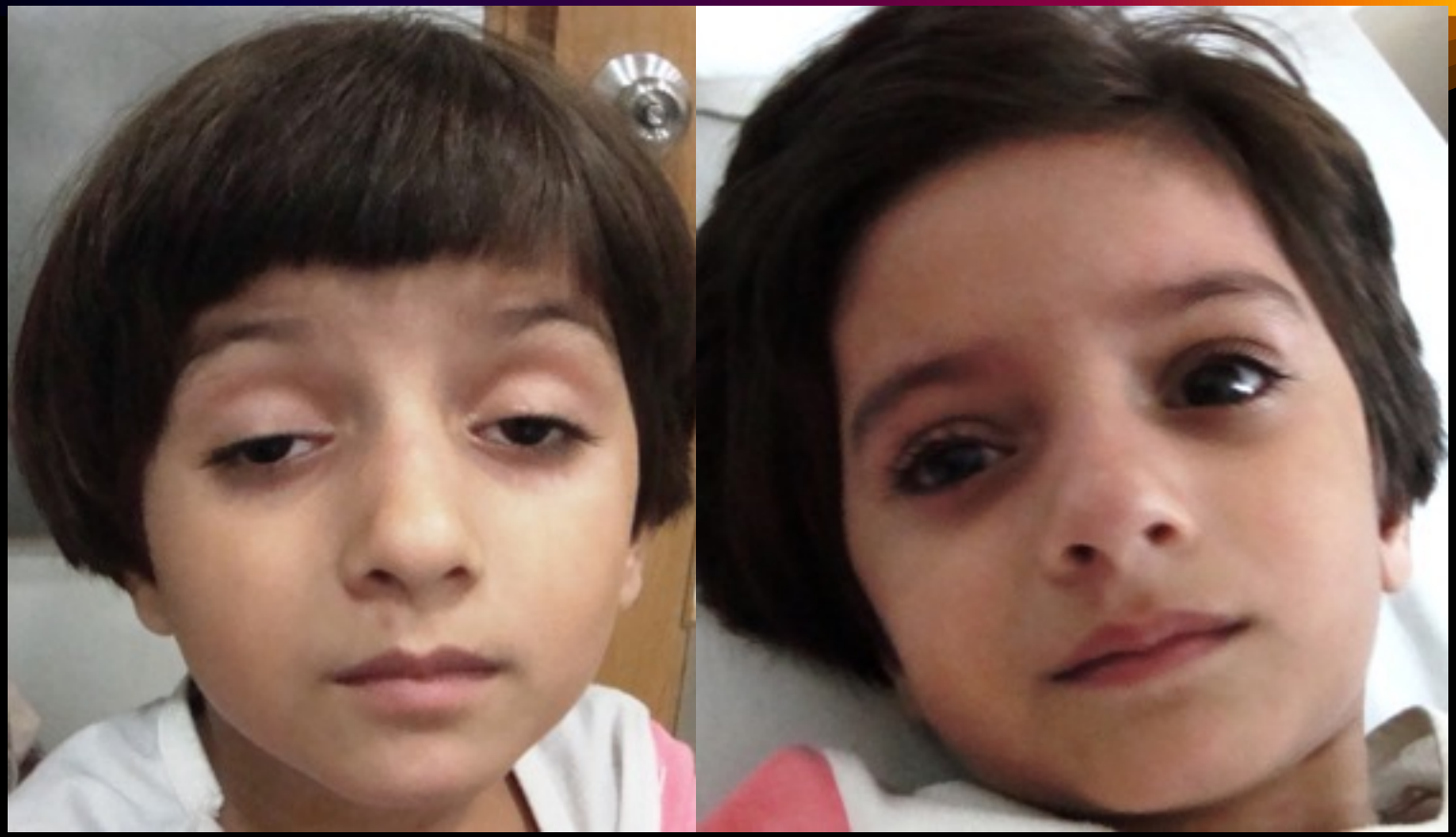
Ptosis



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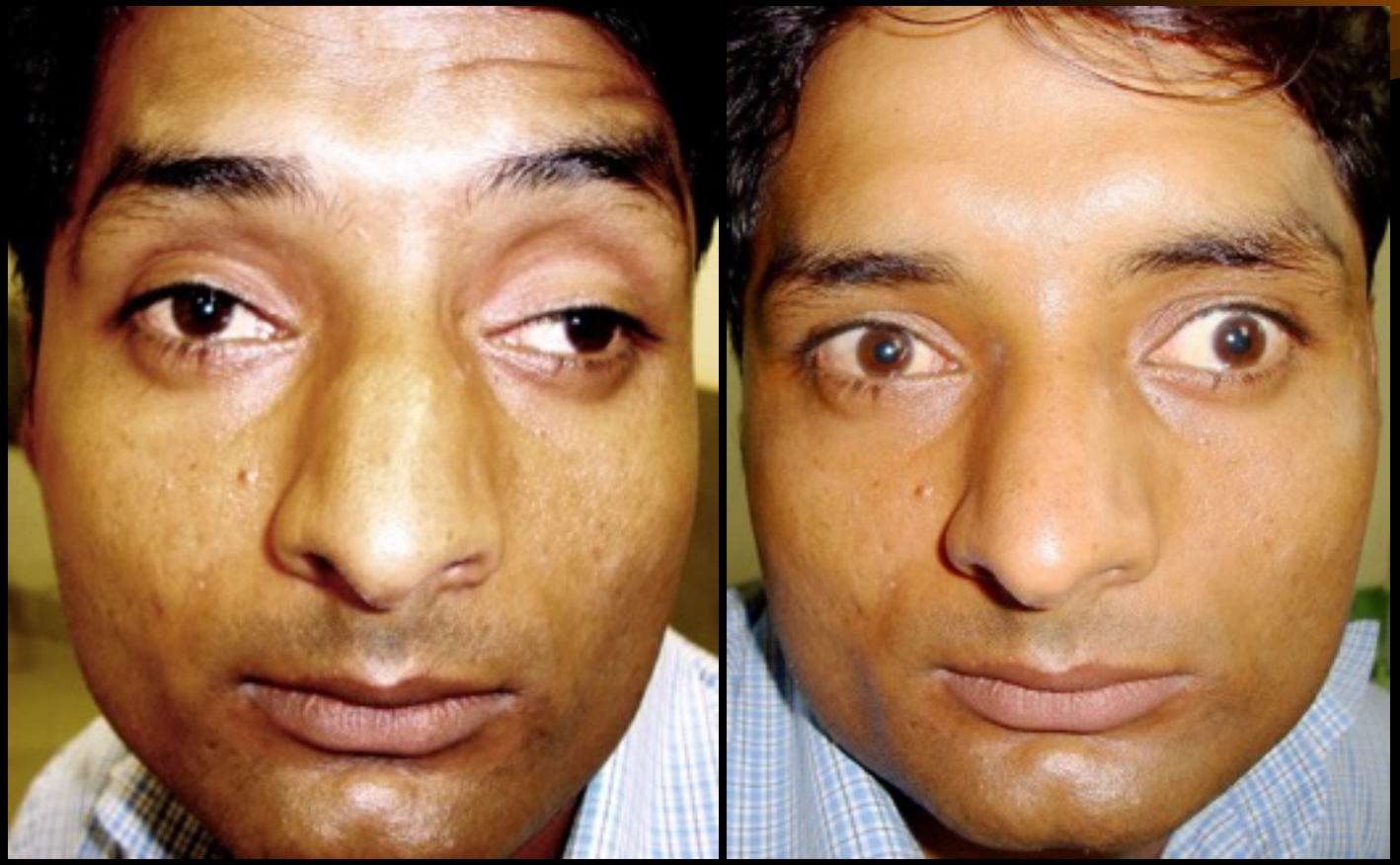
Ptosis & Ophthalmoplegia



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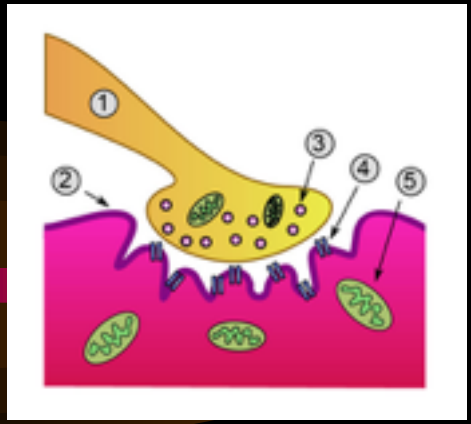
Management

- Medical therapy : Stepwise:
  i) Pyridostigmine: 60—mg x 4/day
  ii) prednisolone: 20mg x alternate day
  iii) Azathioprine: 50mg x 3 / day
- Surgery: Thymectomy
- Plasmaphoresis
- Regular Follow up

Prognosis



- NMJ disorder; peak in 2nd- 3rd decade, age usually bilateral
- Ocular involvement 90%, 60% presenting features
- Course : 50-70% ocular symptoms progresses to generalized within 2 years-monitoring important.

- Follow-up: 4—6 months
- Keep looking for systemic involvement (dysphagia, dysarthria, breathing difficulty)
- Patient education to report if systemic symptom develop

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