

High Cervical Disc Herniation (C3-C4) with Superimposed Myasthenia Gravis in a 38-year Old Female: A Case Report

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Abstract

Myasthenia gravis and High cervical disc herniation are uncommon diseases and rarely occurs at the same time. Each condition is caused by different etiologies and pathophysiology. We report a case of a 38-year old Filipino female who was admitted due to head drop. She experienced bowel and bladder incontinence and progressive proximal muscle weakness for nine months and eventually developed cranial muscle symptoms like dysphagia, dysphonia and ptosis. She was admitted as a case of cervical spine spondylosis but worsened after physical therapy despite IV steroids. Positive prostigmine test and repetitive nerve stimulation test confirmed presence of concomitant Myasthenia Gravis. In conclusion, we describe here a case of high cervical cord compression with superimposed myasthenia gravis. That the pattern of weakness caused by the spinal cord lesion can hide the classic fatigable pattern of weakness in myasthenia gravis. The presence of cranial muscle involvement and worsening of weakness after physical therapy favors myasthenia gravis. Early diagnosis of concurrent myasthenia and initiation of proper treatment helps in preventing possible complications that can prolong hospitalization in patients with high cervical cord compression.



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Speaker Publications:

- 1 Scoppetta C, Onorati P, Eusebi F, et al. “Autoimmune myasthenia gravis after cardiac surgery”. J Neurol Neurosurg Psychiatry 2003; 74:392-3. 10.1136/jnnp.74.3.392.
2. Pavlov VA, Tracey KJ. “The vagus nerve and the inflammatory reflex-linking immunity and metabolism”. Nat Rev Endocrinol 2012; 8:743-54. 10.1038/nrendo.2012.189.

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Biography:

Godard Espiritu Artajos, MD has completed his medical degree at age 26 years from the University of Santo Tomas Faculty of Medicine and Surgery. He is currently a Senior Resident-in-training under the Adult Neurology Program of the East