

# PREGNANCY IN A CASE OF MYASTHENIA GRAVIS

by

MARIANNE SAYEED,\* M.D.

and

FARHAT HAMID\*\* M.D.

## Case History

Mrs. R. 28 years old second gravida with history of myasthenia gravis presented herself at 48 days ammenorrhoea with history of increasing muscular weakness. She was anxious for the continuation of pregnancy as her first issue was a daughter.

She had myasthenia of the face and appeared quite normal after the morning dose of neostigmine, but by evening the slurred speech, drooping of eyes and mouth was incapacitating.

After a complete check up her dose of neostigmine was increased and the patient continued her pregnancy normally without any complication.

Her labour was uneventful and all enemata and drugs were withheld.

She delivered a male baby weighing 7 lbs. The postpartum period was uneventful and the patient was discharged on seventh day.

In the puerperium the dose of neostigmine was reduced and later the patient underwent thymectomy but without any improvement.

## Review of Literature

The association of pregnancy with myasthenia gravis is infrequent. Some early references were of Feansides (1915-16) and Laurent 1931 who reported a case having seven pregnancies.

Kenedy and Moesch (1937) studied 108 cases and shortly after Viet *et al* (1942) made detailed study of 8 cases and reported that the course of myasthenia is profoundly affected by pregnancy. Commonly relapse occurred in the first trimester as was seen in our case. Harvey (1948) reviewed 125 cases and Keynes (1949) emphasised the danger of enemata given in

myasthenia patients. They described the severe and fatal symptoms developing in 4 patients after enema. Keynes (1952) also studied the effect of menstruation pregnancy and labour on the course of myasthenia gravis and found that in half of these patients the condition deteriorated but on the whole labour tended to be short, perhaps because of the perfectly relaxed muscular condition of the patient. The contrast between the efficient uterine contraction and generalised muscle weakness was marked. They also found the incidence of relapses in the postpartum period (14 patients) to be more common in patients who had remission in pregnancy.

Fraser and Turner (1953) described their findings in a series of 23 cases. Nine cases had relapses in the first trimester. Nine cases were unchanged, seven cases had relapses in puerperium and 12 cases improved. They stressed the diagnostic significance of the fact that weakness is more pronounced towards the end of the day.

The first report of a myasthenia infant born to a mother of myasthenia gravis was by Strickroot *et al* (1942) where the infant died of respiratory failure despite treatment with neostigmine.

## References

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\*Associate Professor.

\*\*Assistant Professor.

Dept. of Obstetrics & Gynaecology Govt. Medical College, Srinagar.

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