

Abstract

Introduction Respiratory failure in a patient with myasthenia gravis is a life-threatening complication. Important causes implicated are myasthenic crisis, cholinergic crisis, pulmonary infections due to immunosuppressed state and other unrelated causes like acute left ventricular failure or pulmonary embolism. Myasthenic crisis needs urgent up-titration of immunomodulation while correcting the factors that precipitated the crisis.

Case presentation A middle-aged female with generalized myasthenia and multiple comorbidities presented with acute coronary syndrome and leg cellulitis. While in hospital she developed progressive dyspnea with hypoxia. A clinical diagnosis of myasthenic crisis was made. Its management was challenging due to hemodynamic instability limiting the use of plasma exchange and acute coronary ischaemia limiting the use of intravenous immunoglobulin. After careful analysis of risks and benefits and discussing with patient and family, she was successfully treated with intravenous immunoglobulin (IVIG) along with other supportive measures.

Conclusion Non-adherence to therapy, acute illness and statin dose escalation may have precipitated myasthenic crisis in this patient. IVIG was used with caution to successfully treat this serious emergency.