Letter to Editor

Management of myasthenic crisis

Sir,

I read with interest the recent article by Murthy *et al*.[1] It provides excellent data regarding the management and outcome of patients with myasthenic crisis. I would like to make certain observations.

First, Murthy *et al* have utilized the neostigmine test for confirmation of diagnosis. I would like to emphasize that the edrophonium (Tensilon) test is an excellent alternative for this purpose. It may even be better as the test result is obvious in 1-2 minutes, as compared to neostigmine that requires 15-30 minutes. Tensilon test has a relatively high sensitivity and specificity,[2] and the incidence of serious complications is only 0.16%.[3]

Secondly, it is important to differentiate myasthenic crisis from cholinergic crisis. The edrophonium test allows for this differentiation and this may help in optimizing the treatment.

Thirdly, Murthy *et al* started all their patients on steroids prior to discharge. We agree with the approach, however, caution is required as steroids may exacerbate weakness in a subgroup of patients with myasthenia. Therefore, it is advisable to keep patients hospitalized after initiating steroids till clinical improvement begins, as exacerbations after that are unusual.

Finally, Murthy *et al* have shown the effectiveness of low-volume plasma exchanges in myasthenic crisis, which is similar to our observations.[4] It is particularly important in the Indian scenario to minimize the cost of treatment. It is encouraging to note that plasmapheresis was shown to be superior to intravenous immunoglobulins in treating myasthenic crisis in an earlier study.[5]

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