

Letter to the Editor

Common sense in treating persons suffering from Myasthenia Gravis

Dear Editor,

Until few decades ago Myasthenia Gravis (MG) was a fatal disease. Nowadays, it has become a well treatable disease almost fully compatible with a good quality of life and in the great majority of patients it does not shorten patients' life length. These amazing results have been reached through many new therapeutic resources and treatment protocols¹⁻⁵, including thymectomy, anticholinesterase drugs, corticosteroids, immunosuppressive drugs, plasma exchange, intravenous immunoglobulins, and intensive care units, when required. Moreover, new therapeutic options are constantly developed⁶.

Nonetheless, most Authors interested in MG complain about unpleasant and severe side effects of corticosteroids and other immunosuppressive agents such as osteoporosis, pathologic fractures, diabetes mellitus, arterial hypertension, obesity, glaucoma, liver damage and infections.

Frequency and severity of these medications complications and side effects could be moderately reduced if the doctor is empathic with the patient and uses his own common sense.

Firstly it is necessary discussing with the patient about his illness; the clinician should give him clear and basic information about it, medication and side effects and persuade him that is preferable if he feels "well enough" without drugs rather than "perfectly" with long-term treatments with immunosuppressive drugs. In other terms, in many cases it would be better whether patients accept mild symptoms, live side by side with them, and have an almost normal quality of life rather than risking the complications of the drugs.

Secondly, doctors should use common sense and avoid prescriptions of aggressive therapies to treat mild troubles.

Finally, in some cases symptoms can be improved by using non-medical devices. We here report a couple of examples.

In many patients with eyelid ptosis not-responsive to pyridostigmine, we avoid any immunosuppressive drug by using the special glasses drawn in the Figure 1 whose function is explained in the legend. If glasses are mildly dark they neither have an important aesthetic impact. These "glasses for ptosis" can be easily built by artisans and are now produced as well by at least one company. We have used them in about 20 patients and they all were very satisfied with it.



Figure 1. Glasses for eyelid ptosis: a thin eyelid lifter is fixed on the upper edge of the glasses frame. The eyelid lifter consists in a metallic thread covered with rubber and flexed, thus creating a sort of rectangular arch. The thread keeps the eyelid with ptosis delicately raised without affecting voluntary and involuntary eyes closure and winking. According to different symptoms presented from the patient, the eyelid lifter can be placed both on the right and left part of the frame either only on one part.

In three other patients the only residual myasthenic problem was weakness of periocular muscles. This weakness was not corrected by Pyridostigmine and during the shower patients were unable to squeeze their eyelids; therefore, shampoo irritated eyes inducing burning eyes and severe recurrent conjunctivitis.

In all of them the problem was solved without drugs, by suggesting them to wear a swim mask during the shower. No conjunctivitis were diagnosed afterwards in any of them.

In our opinion swim masks and glasses for ptosis are banal though useful and cheap devices whose usage in a few MG patients allows avoiding immunosuppressive drugs and their side effects.

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Conflict of Interest

The Authors declare that they have no conflict of interests.

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