

Tests to Diagnose Ocular Myasthenia Gravis

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- Myasthenia gravis is an autoimmune, neuromuscular junction disorder causing fatigability and weakness of the muscles [1].
- Ocular myasthenia gravis (OMG) is where weakness is isolated to the periocular muscles, namely, extraocular muscles, levator palpebrae superioris and orbicularis oculi [2].
- Extraocular muscles (EOMs) are more commonly affected as they contain twitch fibers.
- These twitch fibres develop tension faster and have a higher frequency of synaptic firing than limb muscles.
- They are more susceptible to fatigue.
- Tonic muscle fibers are needed to maintain the gaze in any direction.
- This type of fiber has fewer acetyl choline receptors, making them prone to receptor loss and damage [3].
- Ptosis and diplopia are usually the presenting signs in these patients [4].
- There is a stronger predilection in males [2,3].

Sleep test [3]

- Involves the patient sleeping or resting with their eyes closed for 30 minutes.
- Prior to the test, ocular motility and the amount of ptosis present in the eyelids are documented.
- Diagnosis of myasthenia is established when the ptosis or ophthalmoparesis disappears after a 30 minute period of sleep.

- There is a reappearance of myasthenic signs over the next 30 seconds to 5 minutes after the test.
- Rest Test: Shorter version of sleep test where patient gently closes the eyelids for two to five minutes and the ocular motility and ptosis is measured before and after the test.

Ice pack test [2]

- An icepack is kept over the patient's closed eyelids for a period of 2 min (for ptosis) to 5 min (for ophthalmoparesis).
- The ocular motility deficits and ptosis should be measured before and after the test.
- A positive test is when there is an elevation of the upper eyelid by atleast 2 mm following application of ice.
- Mechanism of action: Cooling reduces acetylcholine esterase activity which increases the amount of available acetyl choline (ACh) available at the neuromuscular junction.
- This promotes the efficiency of ACh in eliciting depolarization at the motor end plate [5].

Pharmacological tests

Edrophonium test [2]

- Edrophonium (Tensilon) is a rapidly acting and quickly hydrolyzed anticholinesterase drug.
- They cause an increase in ACh in the synapse and cause maximum saturation of limited available receptor population in myasthenia.

- Ptosis, ocular motility defects must be assessed before and after administering it.
- It is given as 1 to 2mg IV dose along with saline flush and observed for idiosyncratic reaction.

Neostigmine test [1]

- Neostigmine is a longer acting anticholinesterase inhibitor.
- Alternative to edrophonium.

Other investigations

Acetylcholine receptor antibodies [2]

- Elevated AChR-Ab titres are required for confirming the diagnosis.
- Positive in 30-77% of patients with OMG.
- Normal titres do not exclude the disease.

Electrodiagnostic tests

Repetitive nerve stimulation [6]

- The nerve to be studied is electrically stimulated 6-10 times at 2 or 3 Hz (slow rate) with a supramaximal stimulus and the compound muscle action potential (CMAP) is recorded with surface electrodes.
- The results were considered abnormal if the amplitude in response to the fifth stimulus compared with the first stimulus showed a decrement of more than ten percent with adequate baseline stability.
- This decremental response is seen in only 33% of patients with purely OMG [7].
- A decremental response to RNS is not specific and may also be seen in Lambert-Eaton myasthenic syndrome, motor neuron diseases, and myopathies.

Single fibre electromyography [1]

- Most sensitive diagnostic test for detecting abnormal neuromuscular transmission.
- Individual muscle fiber action potentials generated by the same motor neuron are recorded by a specialized concentric needle with a 25 µm diameter recording surface and a 500 Hz high-frequency filter.
- Sensitivity of 85 to 100% for OMG when used on frontalis or orbicularis oculi.

- Sensitivity of 91% in generalised MG.

Additional thyroid function tests to rule out thyroid disorder [8].

Imaging

- CT Chest- To look for thymic hyperplasia/thymoma [9].

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