

25. MYASTHENIA GRAVIS COMPLICATING PREGNANCY

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Myasthenia gravis is an auto immune disorder characterised by variable weakness and fatigability of skeletal muscle. This is a rare disease with an incidence of 02 to 10 individuals /100,000. This is more common

in women and usually has its onset in 2nd or 3rd decades. We report two cases of myasthenia gravis complicating pregnancy managed at professorial unit of Obstetrics and Gynaecology, Faculty of medicine, Colombo.

Case - 01

42 year old patient presented in her 3rd pregnancy with history of two previous miscarriages. She was diagnosed to have myasthenia gravis in 1986 and had a thymectomy in 1989. She was managed with continuation of neostigmine and the pregnancy progressed satisfactorily with no fetal or maternal complications. Elective LSCS was done at 38/40+1 of pregnancy under spinal anaesthesia, and birth weight of the baby was 3.42kg. There were no maternal or neonatal complications.

Case - 02

31 year old primi gravida has been diagnosed to have myasthenia gravis in 1996 and had a thymectomy in 1998. She was managed with neostigmine and prednisolone. Six months prior to her pregnancy she developed diabetes mellitus. During the pregnancy, she was on neostigmine and prednisolone. Diabetes was managed with insulin.

Pregnancy progressed satisfactorily without any maternal or fetal complications. Elective LSCS was done at 38/40+4 of pregnancy under spinal anaesthesia and birth weight of the baby 2.89 Kg. There were no maternal or neonatal complications.

Conclusion:

Myasthenia gravis complicating pregnancy needs careful assessment to identify worsening of disease and alteration of neostigmine dosage to keep the disease under control. Maternal and fetal outcome is usually good with satisfactory control of the disease.