

SNS COLLEGE OF PHARMACY AND HEALTH SCIENCES

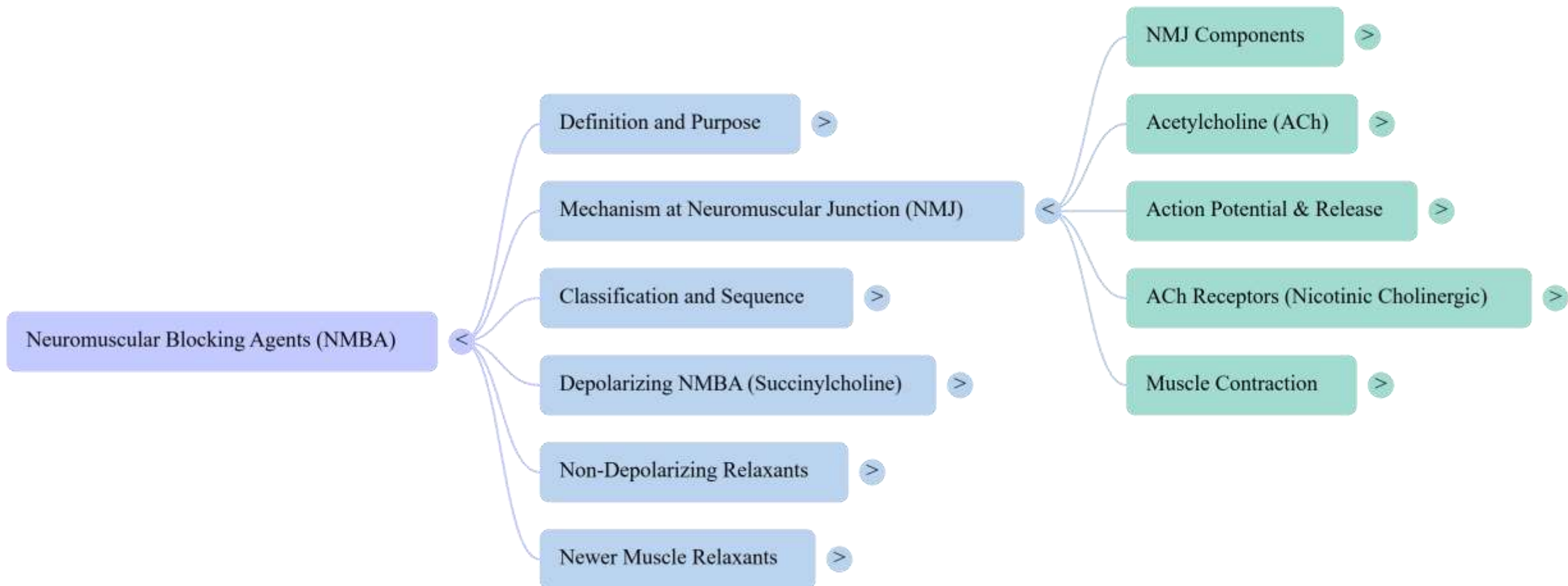
Affiliated To The Tamil Nadu Dr. MGR Medical University, Chennai
Approved by Pharmacy Council of India, New Delhi. Coimbatore -641035

COURSE NAME : PHARMACOLOGY(ER20-21 T)

YEAR : DPHARM-II YEAR

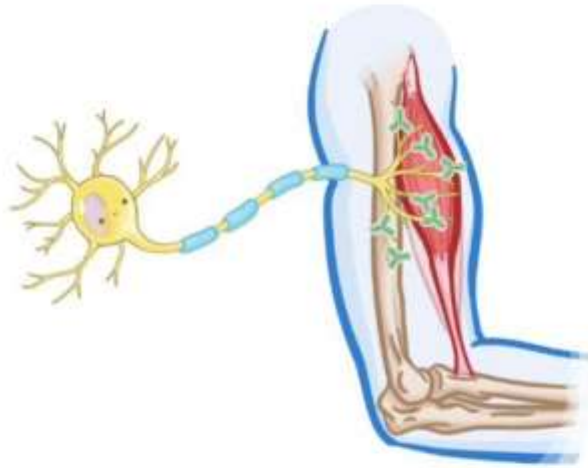
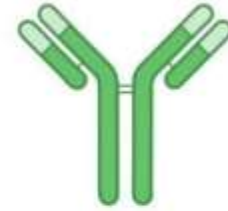
TOPIC : MYSTHENIA GRAVIS

MINDMAP

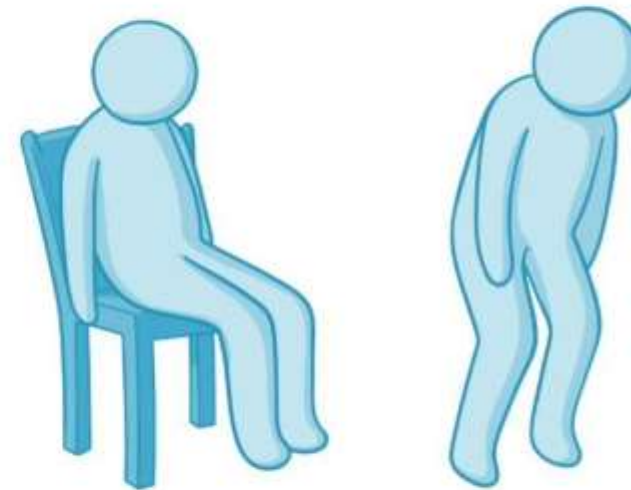


MYASTHENIA GRAVIS

* CHRONIC AUTOIMMUNE DISEASE caused by **ANTIBODIES**



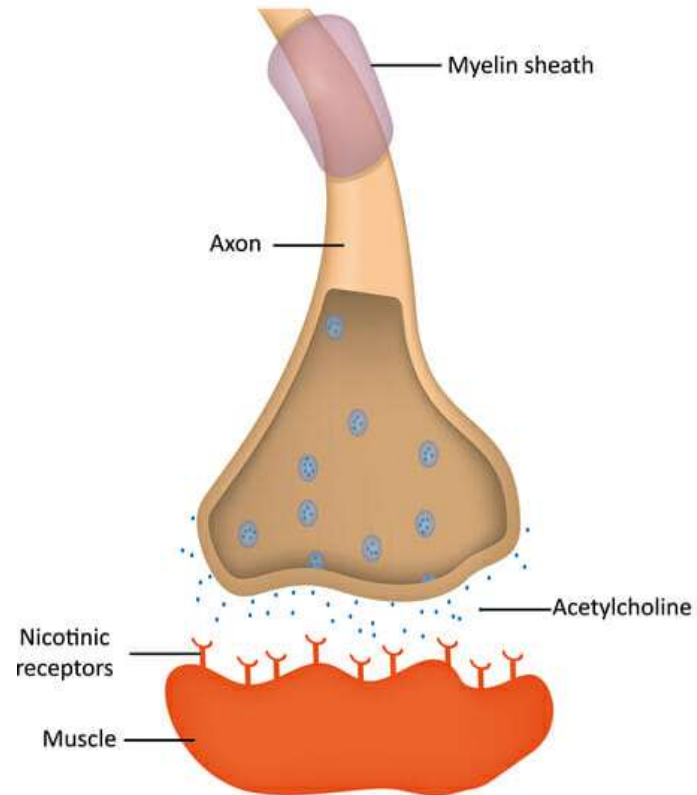
BIND TO & DESTROY
NEUROMUSCULAR COMMUNICATION



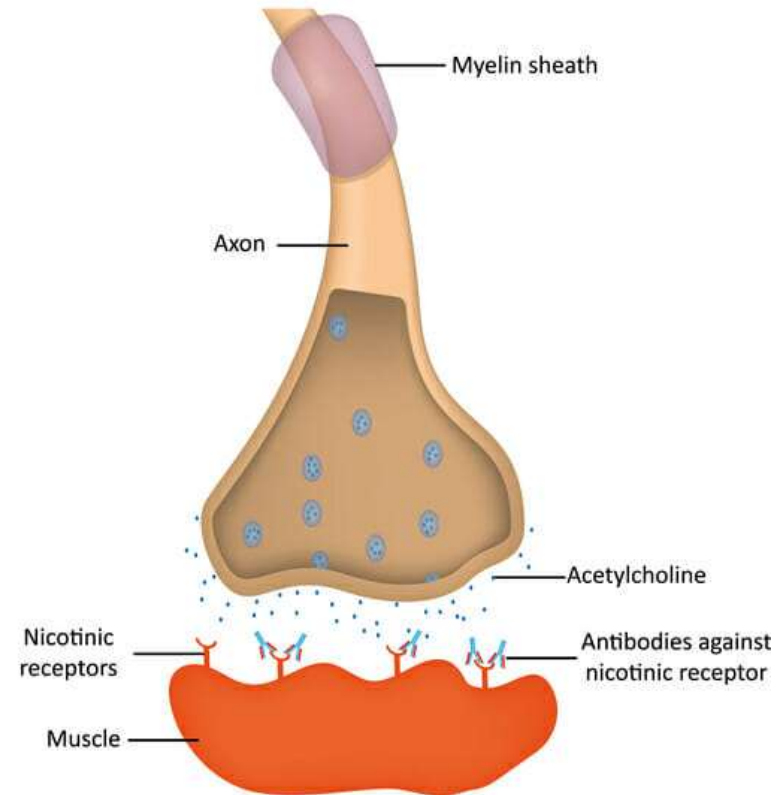
FATIGUE & MUSCLE WEAKNESS
due to IMPAIRED MUSCLE CONTRACTIONS

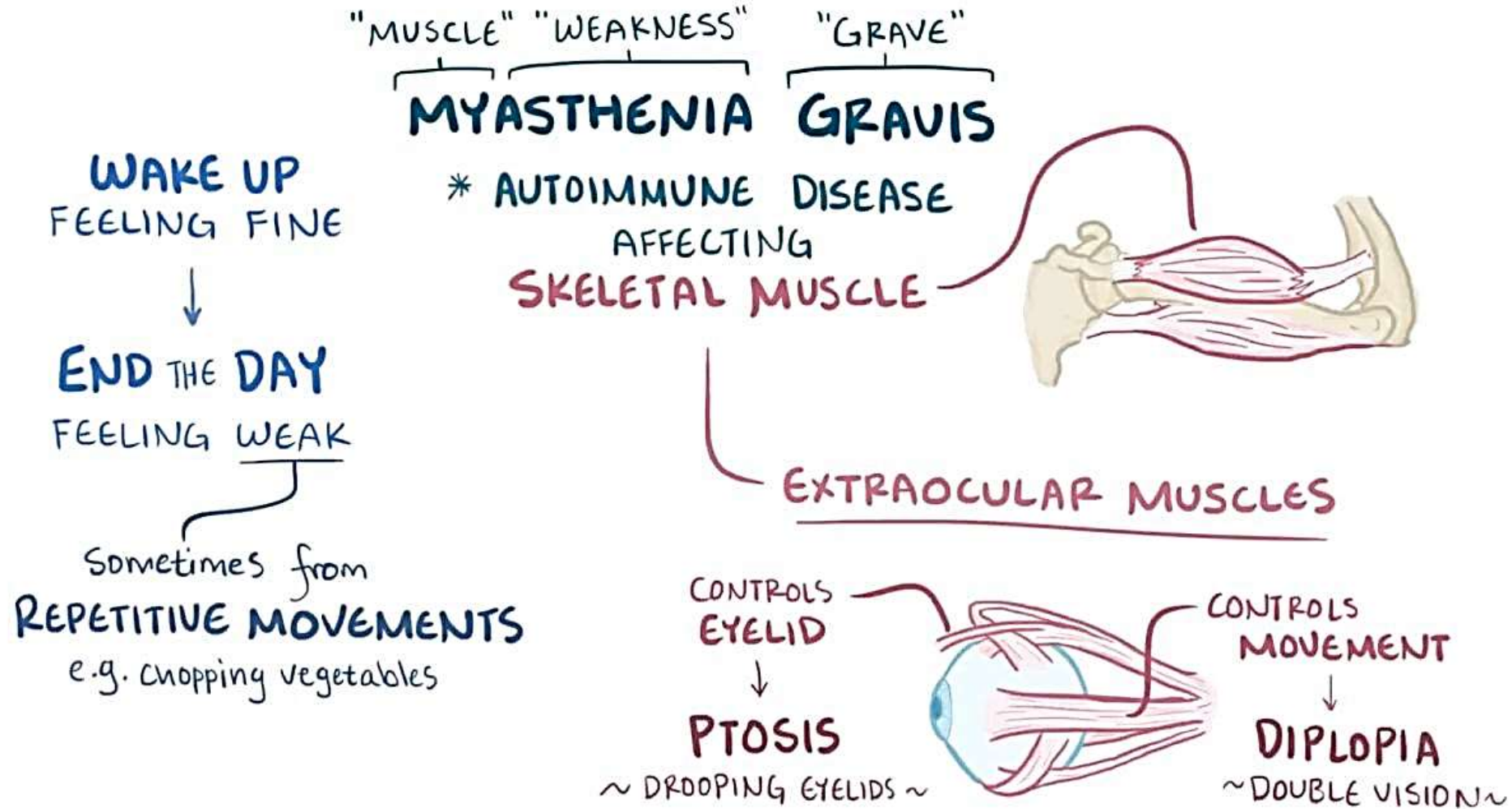
Myasthenia Gravis

Normal Neuromuscular Junction

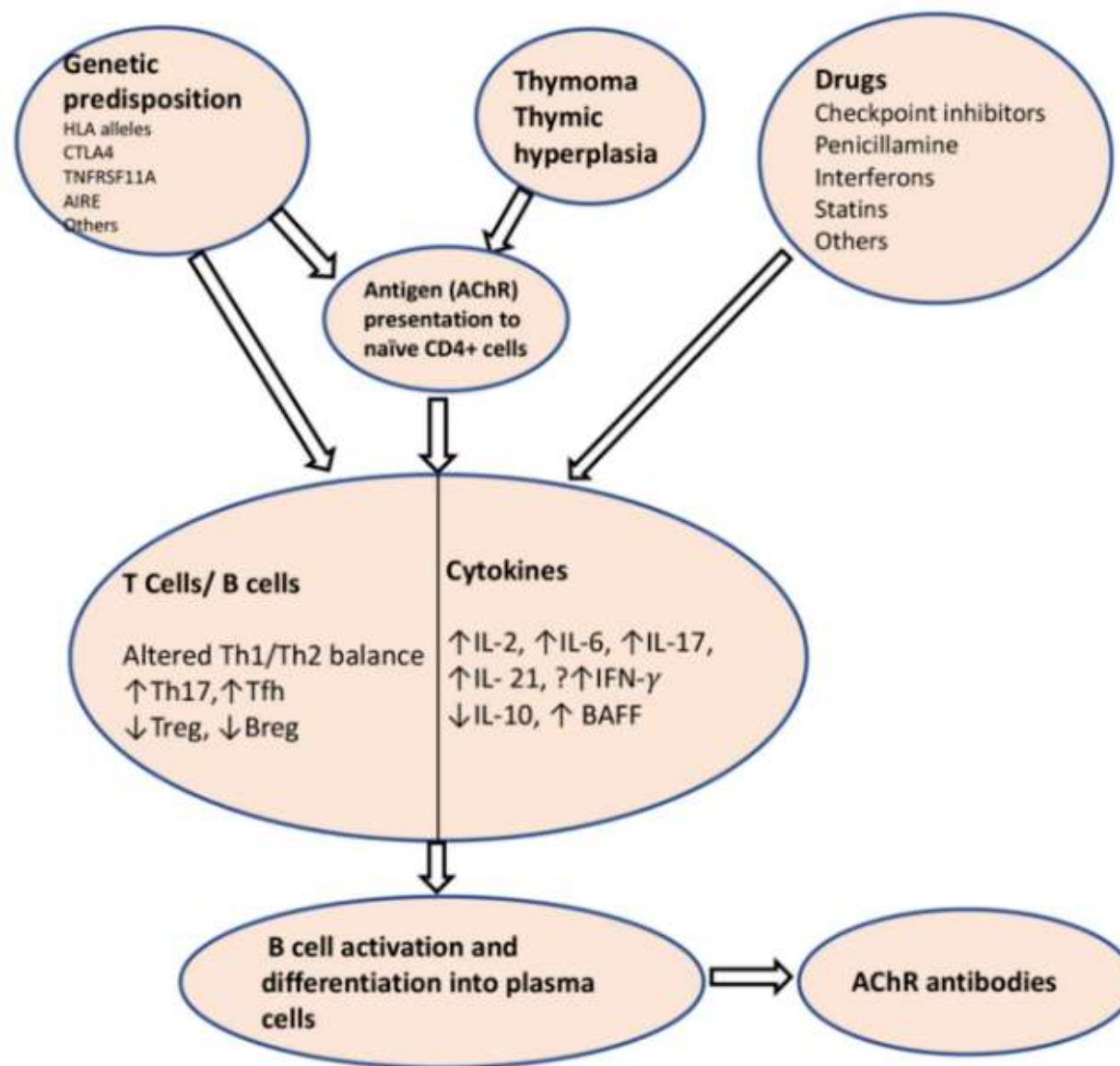


Myasthenia Gravis





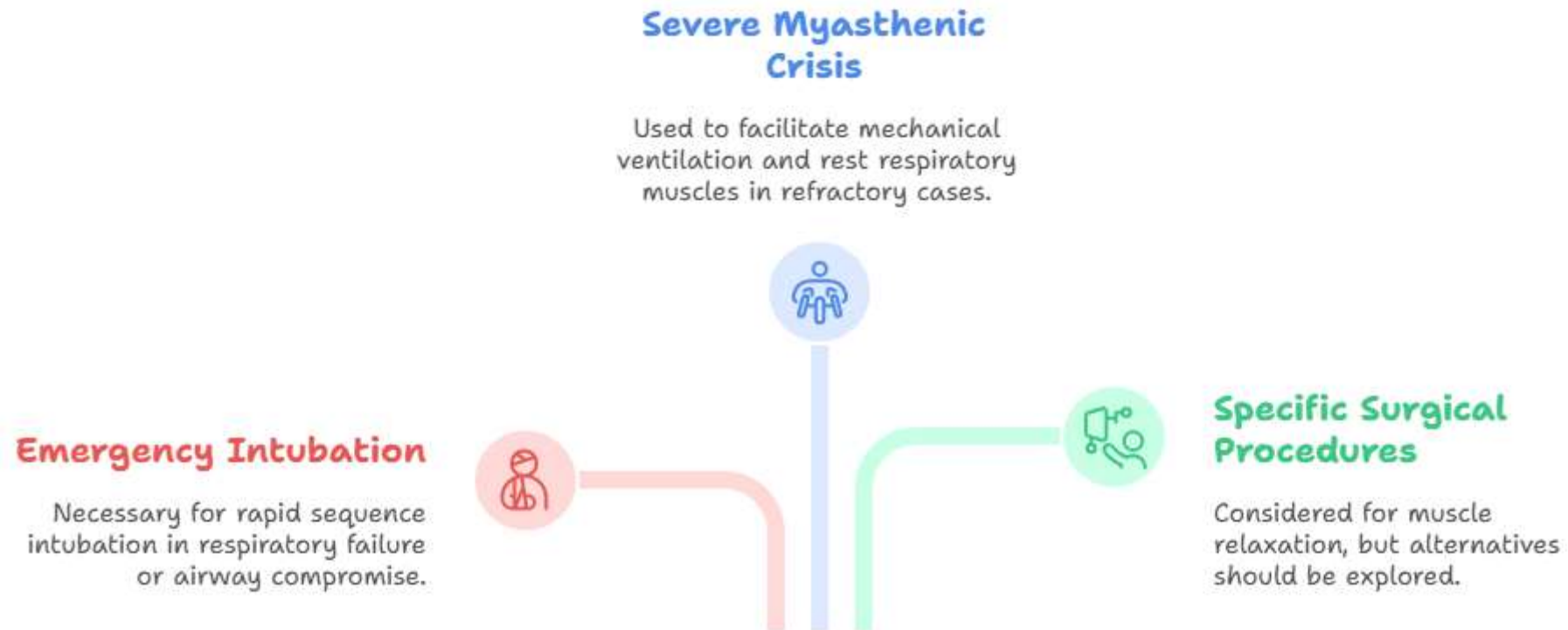
Pathogenesis of Myasthenia Gravis



Symptoms of Myasthenia Gravis



When should NMBA be considered in Myasthenia Gravis?

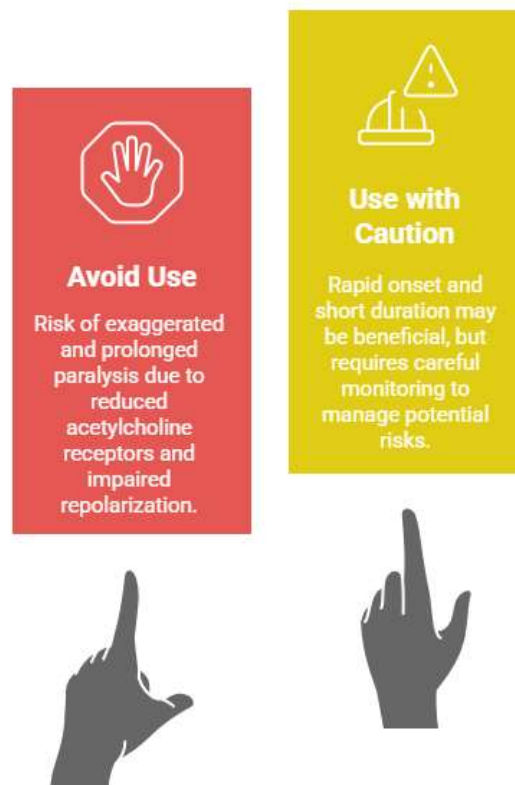


Safe NMBA Administration in Myasthenia Gravis

1	Reduce Dosage Start with a small test dose and titrate carefully
2	Neuromuscular Monitoring Use TOF monitoring to assess blockade
3	Choose NMBA Select short-acting agents like rocuronium
4	Administer Reversal Agents Use neostigmine or sugammadex cautiously
5	Postoperative Monitoring Watch for respiratory distress and weakness
6	Expert Consultation Seek advice from neurologists or anesthesiologists

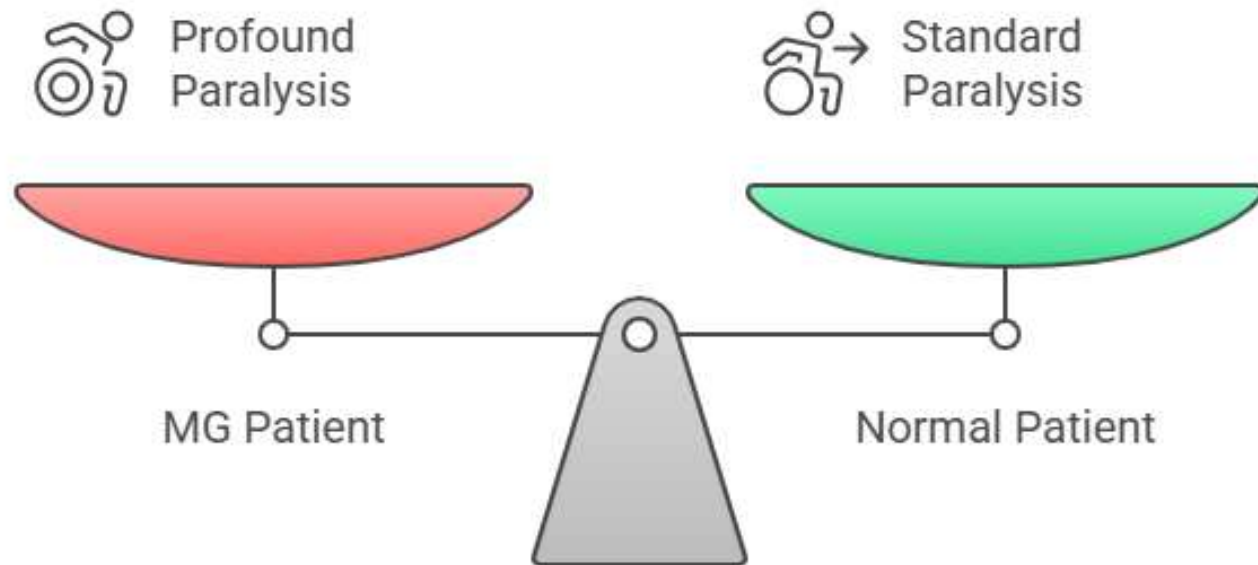
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Should succinylcholine be used in MG patients?



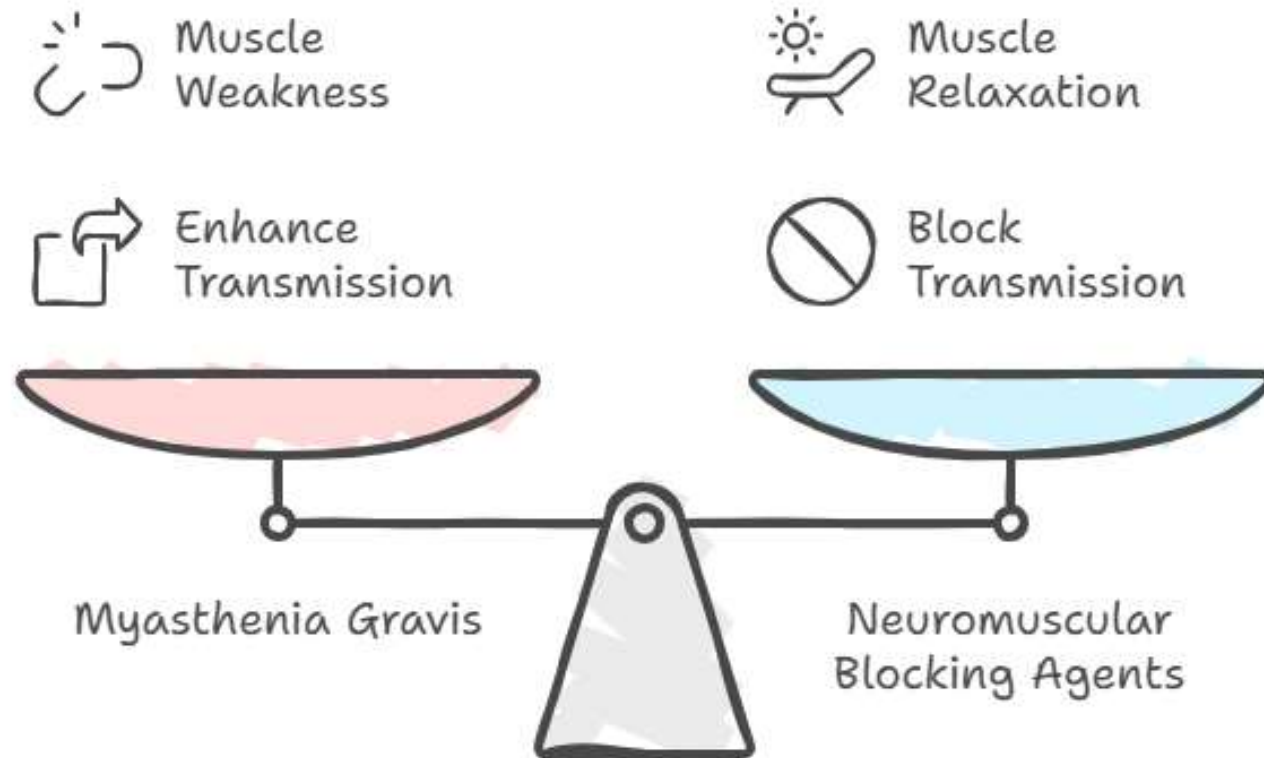
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NMBA Sensitivity in MG Patients



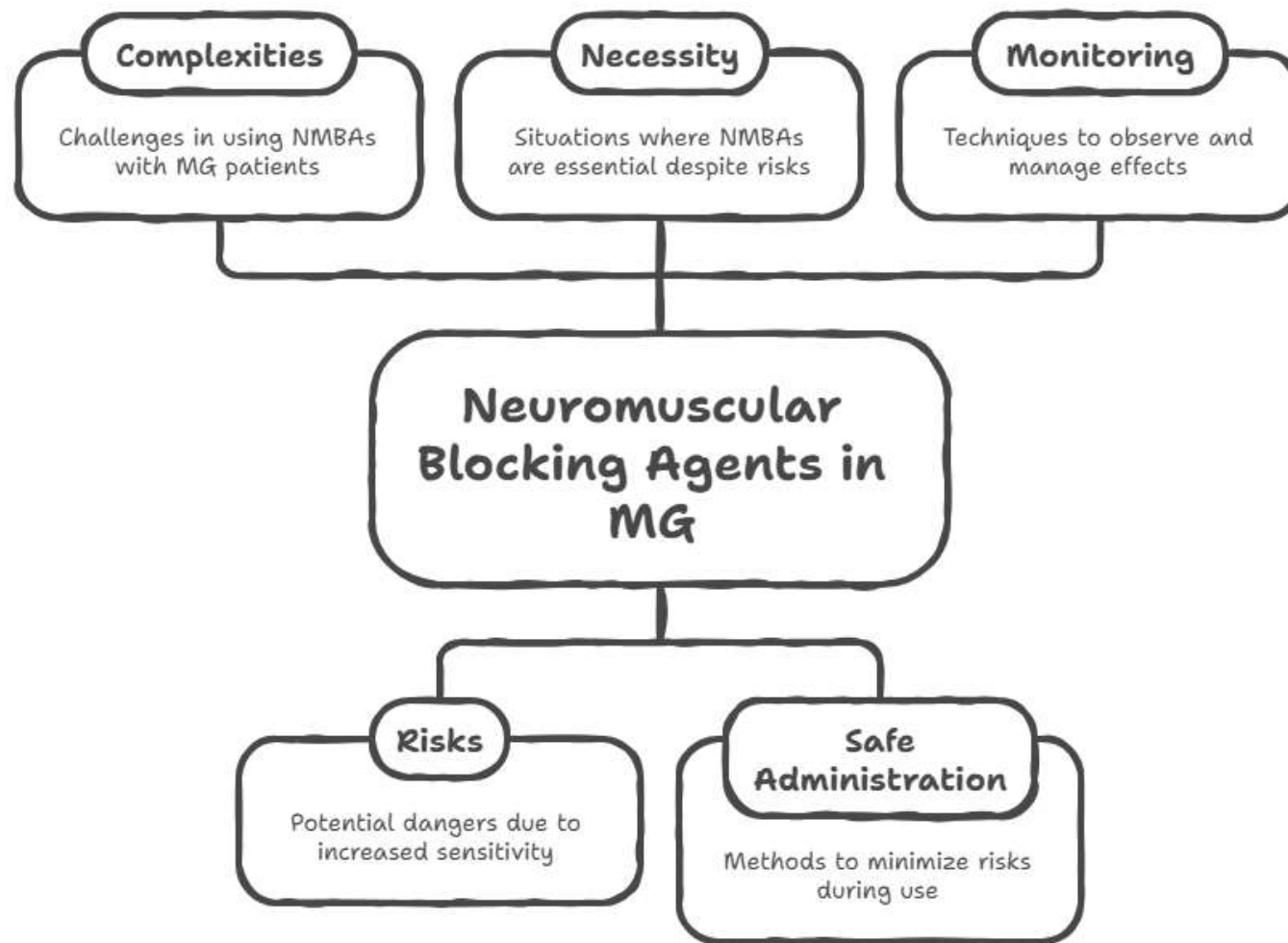
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Balancing MG Treatment Approaches



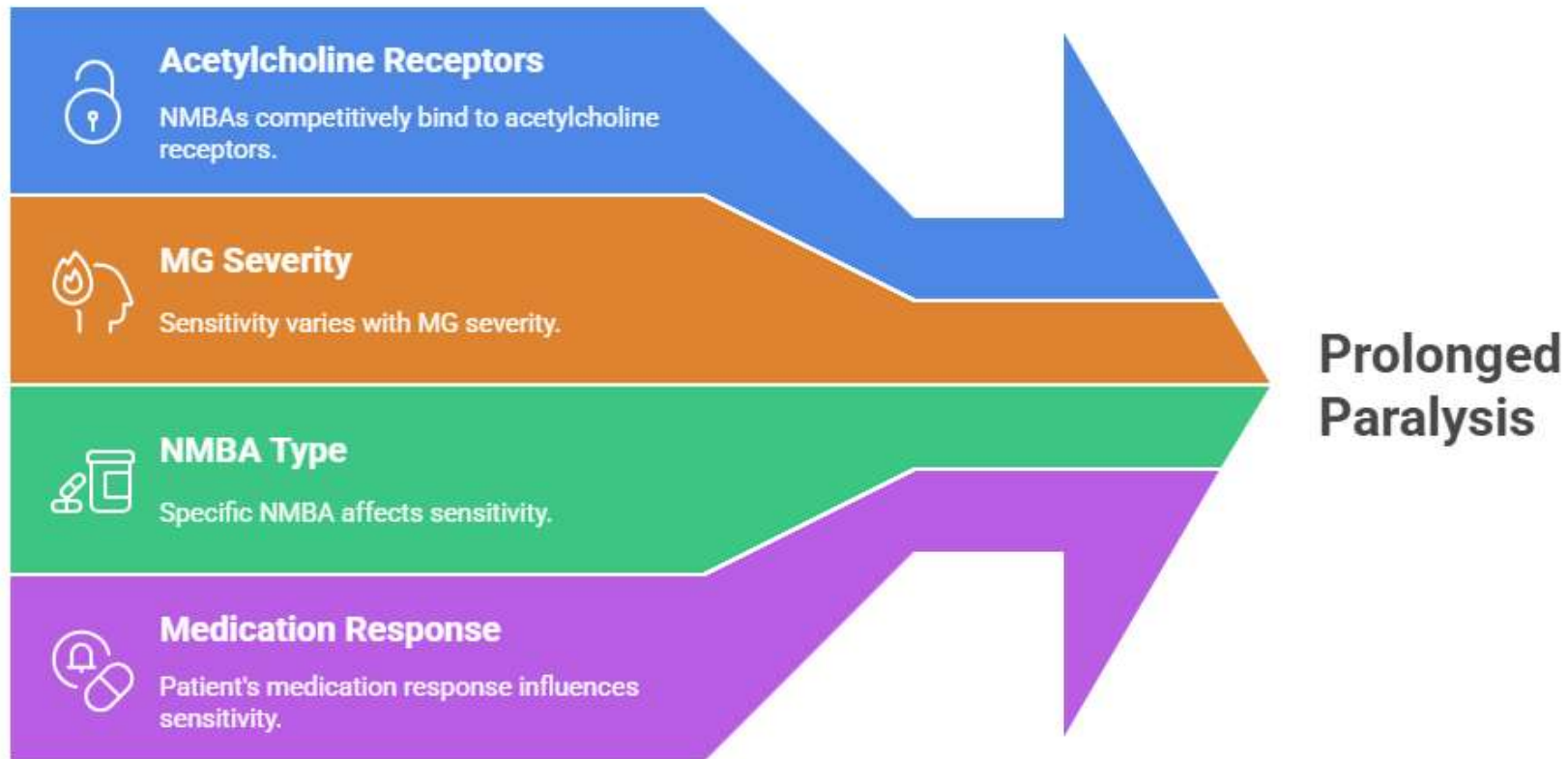
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Navigating NMBA's in Myasthenia Gravis



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Factors Influencing NMBA Sensitivity in MG



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Early Symptoms of Myasthenia Gravis



**Droopy eyelids
(ptosis)**

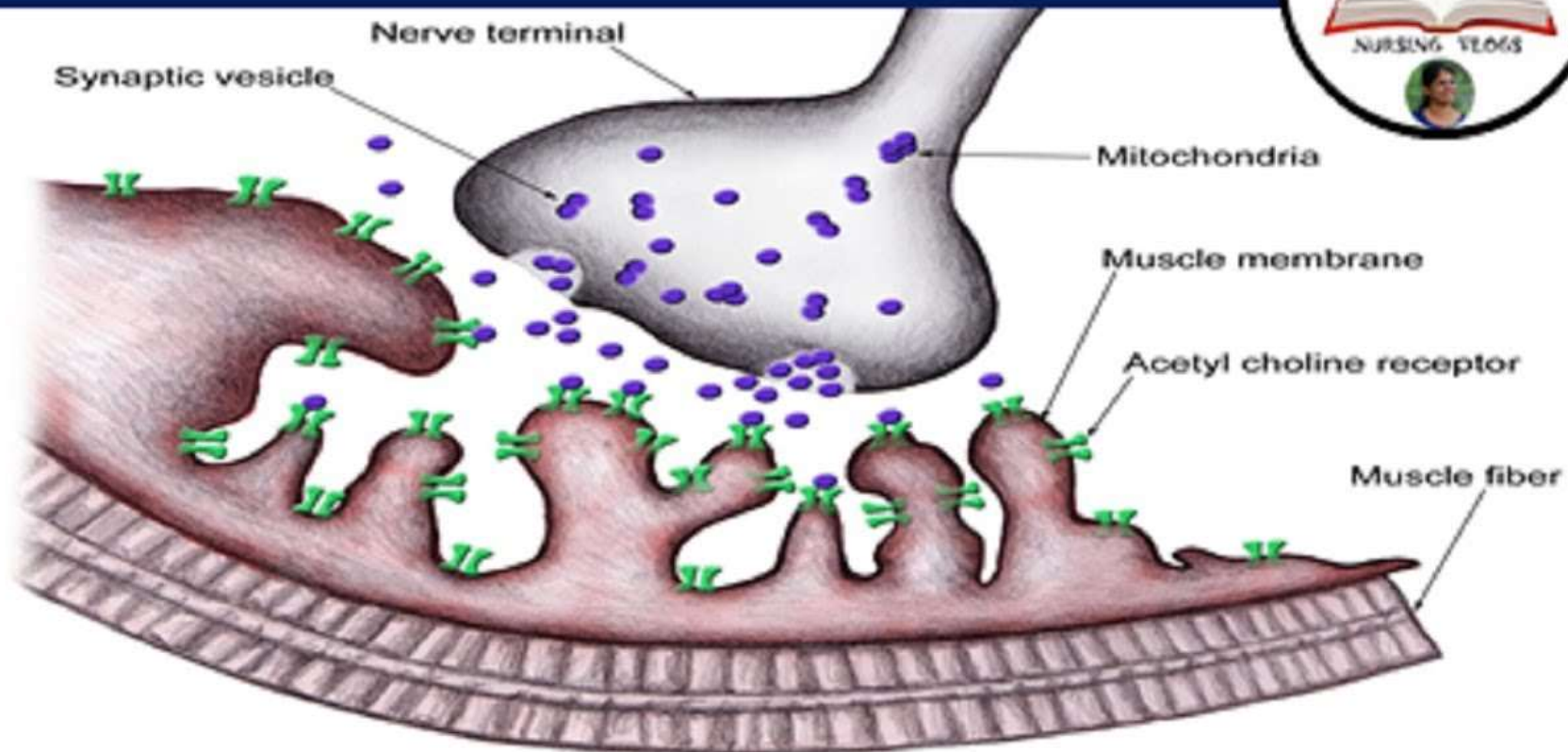


**Blurry or double vision
(diplopia)**

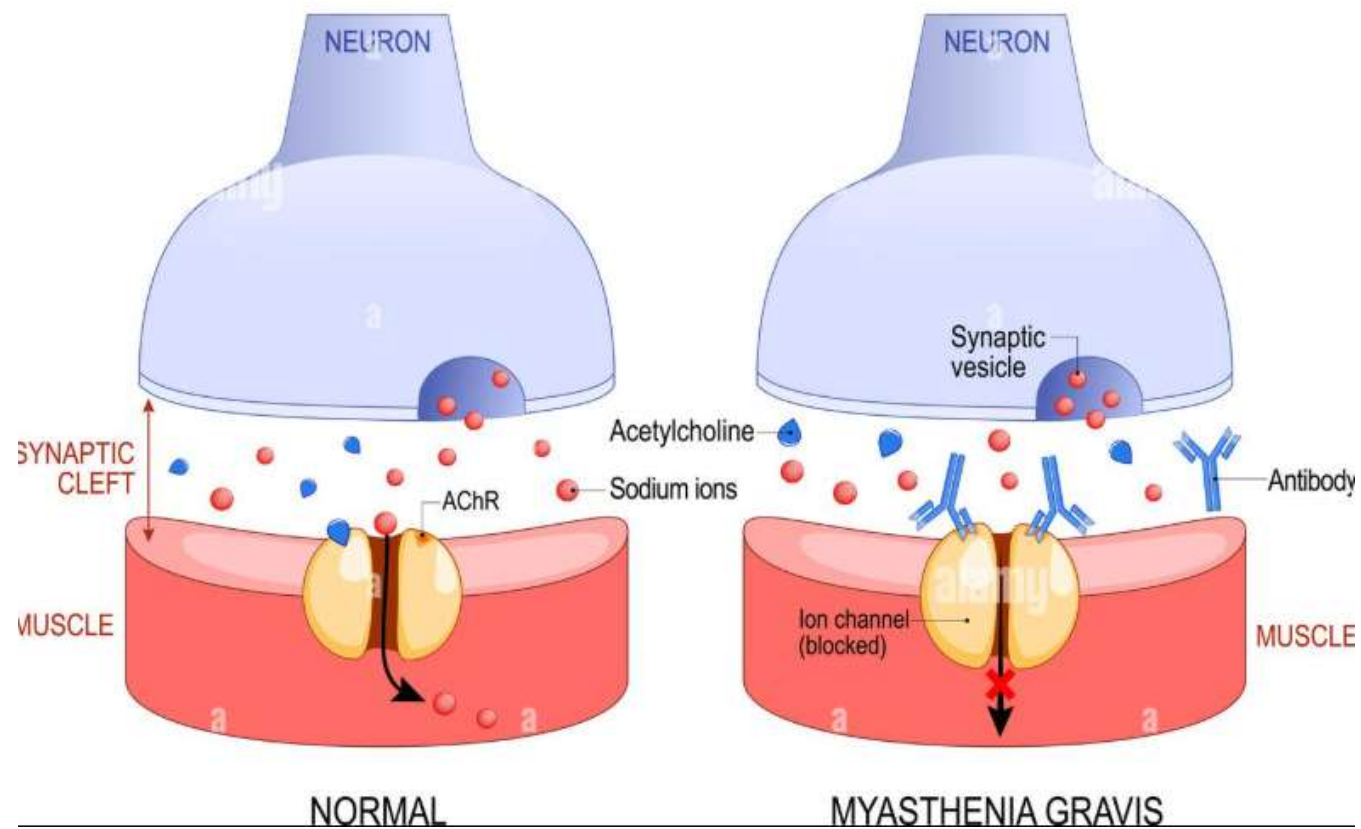
***Sometimes, these are the only symptoms**

verywell

MYASTHENIA GRAVIS



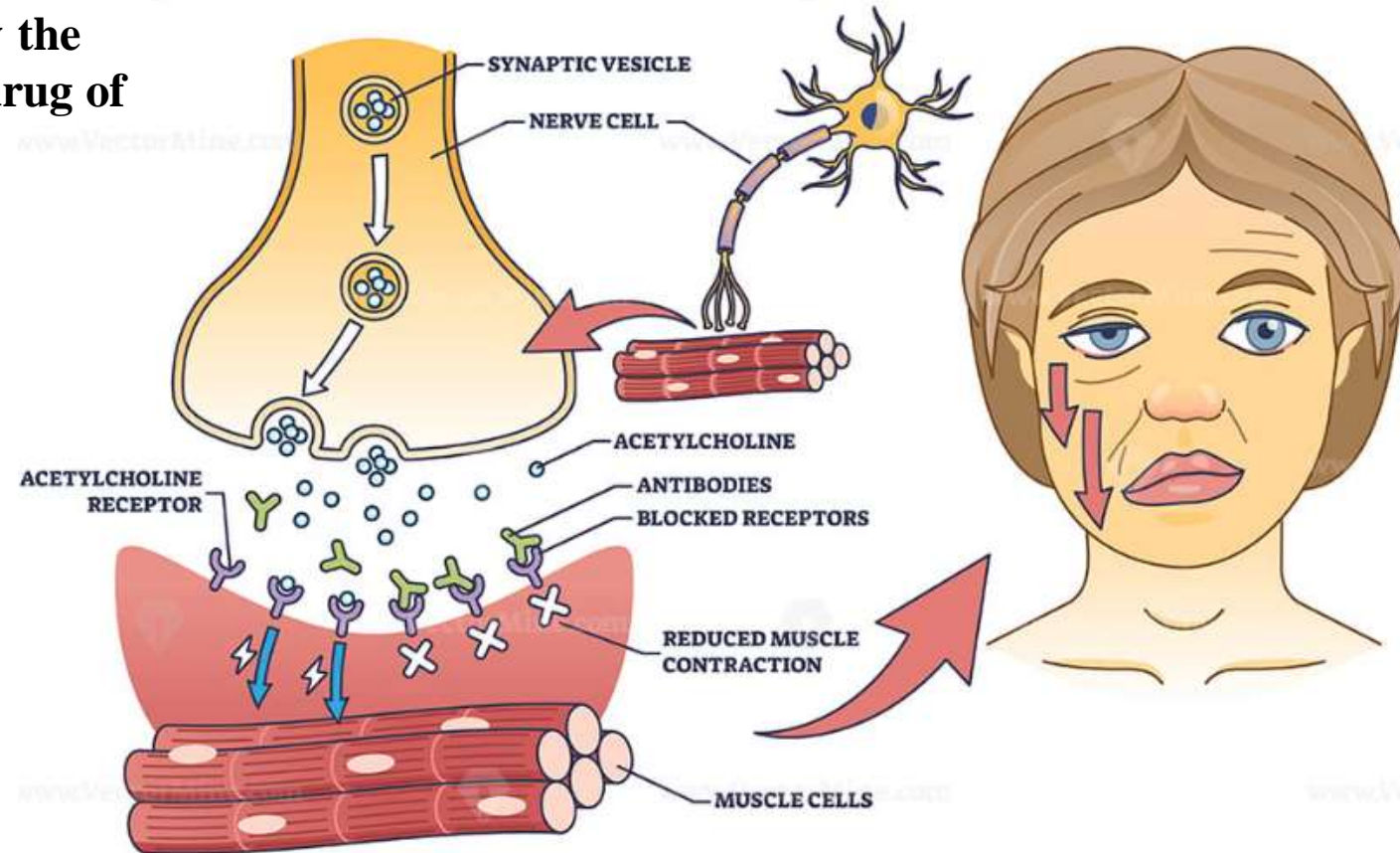
MYASTHENIA GRAVIS



CLASS ASSESSMENTS



Look at the picture & identify the disease and mention one drug of choice?



SUMMARY

Myasthenia Gravis

- Ocular Signs and Symptoms
 - ▣ Levator Weakness
 - With sustained upgaze ptosis will gradually worsen



Increasing left ptosis developing upon sustained upward gaze in a patient with myasthenia gravis (A through F). Note the limited elevation of the left eye denoting superior rectus palsy (A). A initially, C after around 20 seconds, F after 1 minute.

REFERENCE

- Rang & Dale's Pharmacology, 9th Edition, Elsevier, 2019.
- Goodman & Gilman's: The Pharmacological Basis of Therapeutics, 13th Edition, McGraw-Hill, 2018.
- Text book of Pharmacology by KD Tripathi.

