Ask Your Doctor

Q. Many patients endure several misdiagnoses before they are diagnosed with MG. Why is MG so difficult to diagnose?

A. The question that is posed is a very good one. The symptoms of Myasthenia Gravis are many in number and may fluctuate in time, for example during a 24 hour period depending on activity. The symptoms may involve various parts of the human anatomy including eye symptoms, leg, arm, breathing and swallowing disturbances. Very early diagnosis of Myasthenia Gravis is unusual and is rarely made because the diagnosis is not frequently thought of nor is it obvious and straight forward.

These are often symptoms which are vague such as weakness, fatigue, lassitude, tiredness, visual blurring, and often generalized anxiety. The patients may frequently complain of "being under stress." The diagnoses that may be considered are many in number and frequently require intense evaluation to track the symptoms in order to formulate the specific diagnosis. It is only after the more common diagnoses are excluded by the clinician that the possibility of Myasthenia Gravis is raised.

Therefore, as with all conditions which have a fairly wide differential diagnoses making the right one is sometimes delayed and may often require a sixth sense.

The reason why Myasthenia Gravis is difficult to diagnose is because it is a relatively uncommon disorder occurring in probably less than 100,000 in the entire United States and the physician needs a special heightened awareness of the existence of the condition. Not only does the clinician need to consider it in the differential diagnosis but also must have some experience with it in order to do the appropriate tests. Routine nonspecific testing such as blood analysis and imaging of the brain will not find the right diagnosis. First a consideration of Myasthenia Gravis is necessary and then a series of rather unusual although not very difficult diagnostic testing is required. This includes, among others, an injection of a medication called Tensilon, special immunologic studies of the blood, and then a more specialized neuromuscular study such as repetitive stimulation and a single fiber electromyogram.

To Peter Bernad: Well done

In summary, I would agree that patients endure a more protracted comprehensive evaluation in arriving at the diagnosis of Myasthenia Gravis, however, I would not consider this necessarily a grave disservice in all patients but rather a reflection of the unique and very special condition that requires a low threshold and heightened awareness of the possibility of Myasthenia Gravis.

Peter G. Bernad, M.D., M.P.H., F.A.C.P.
Neurology Services, Inc.
Fairfax, VA