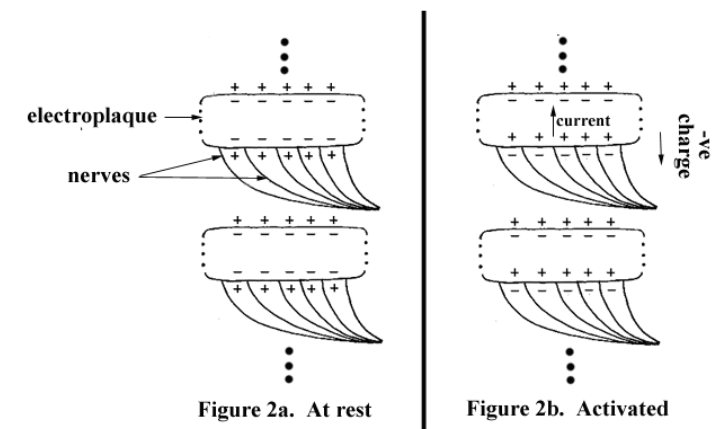
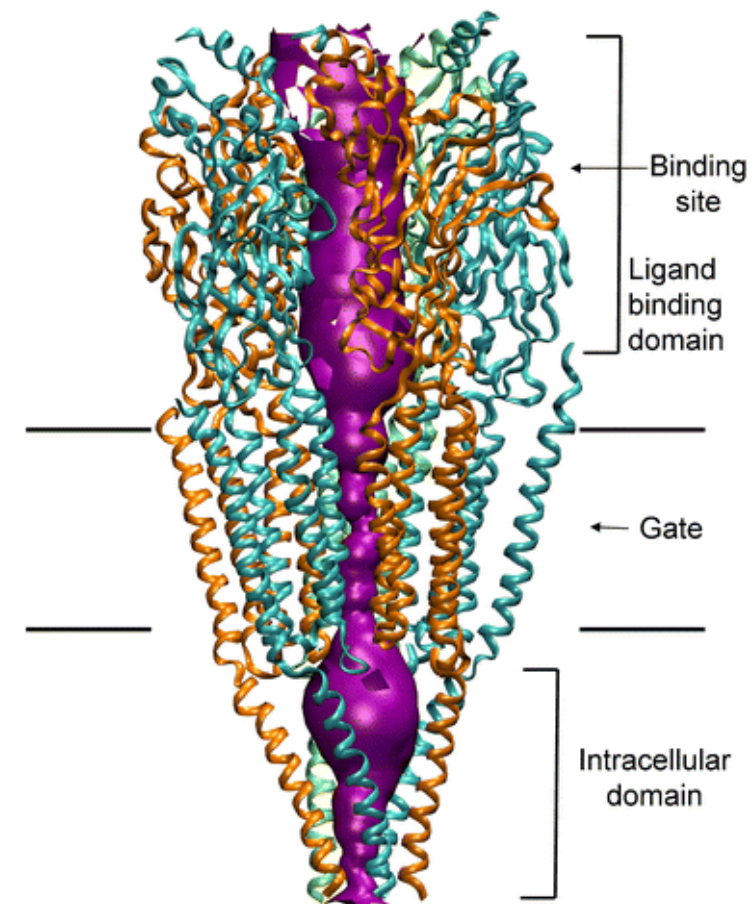
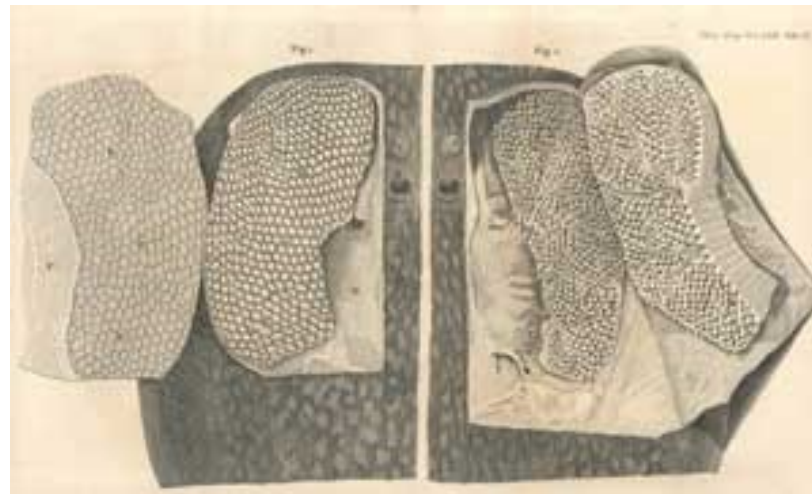
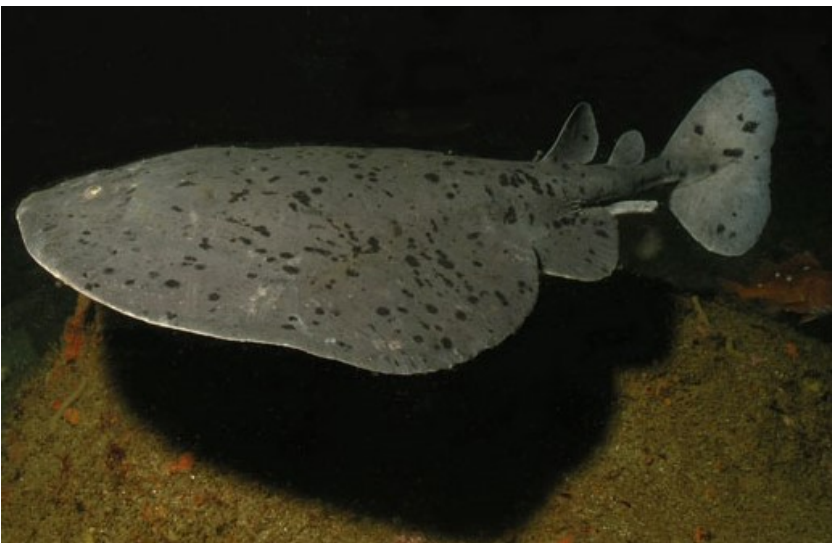
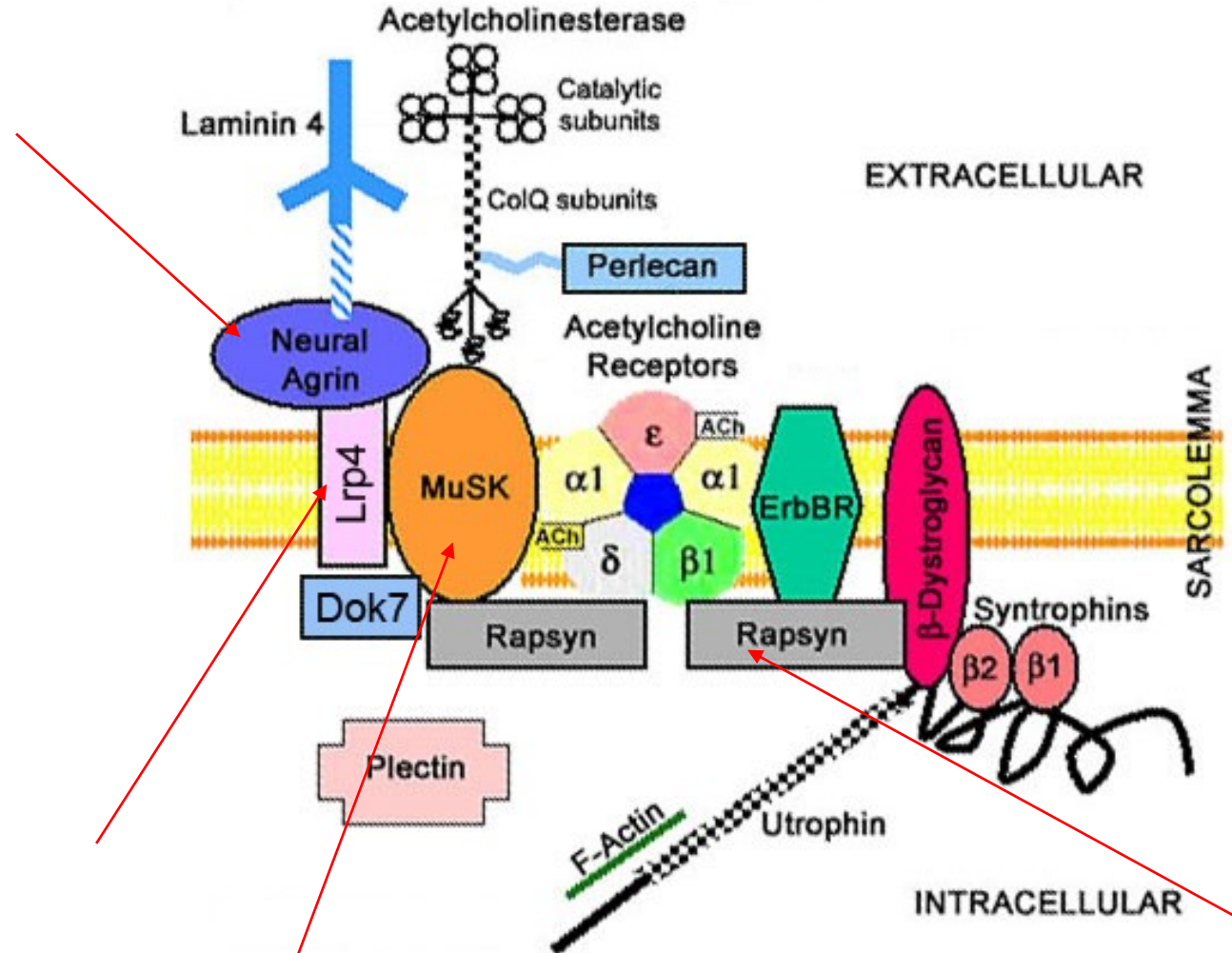
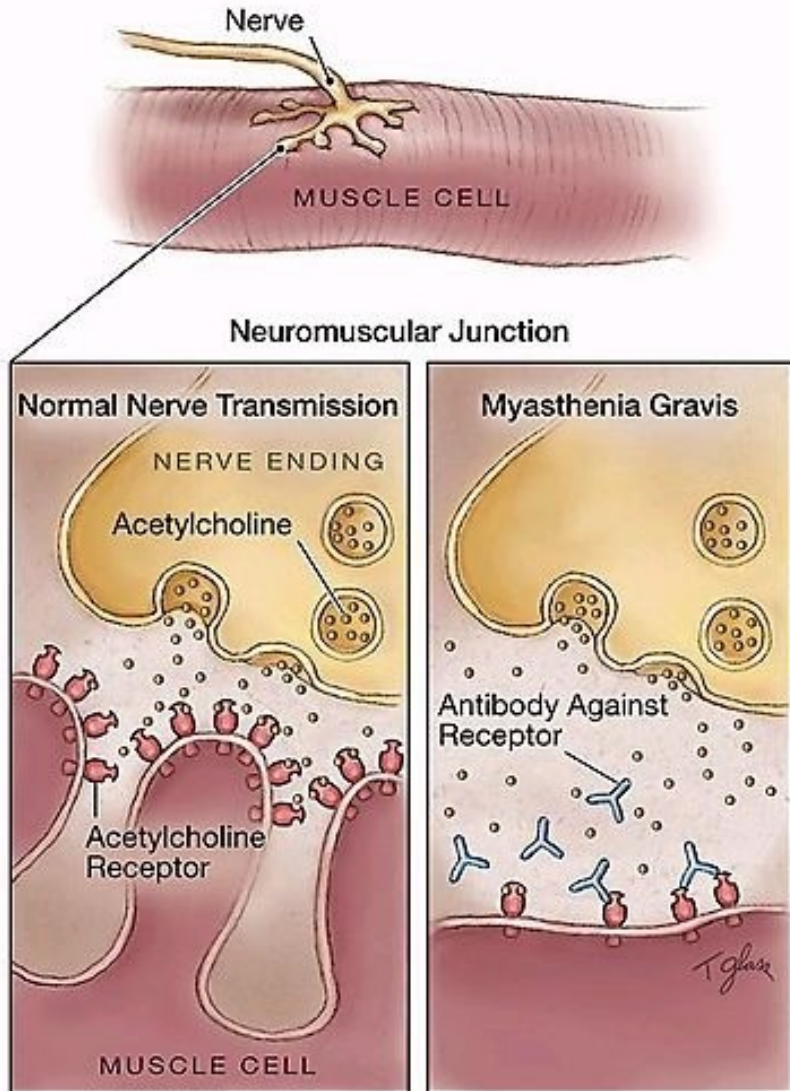


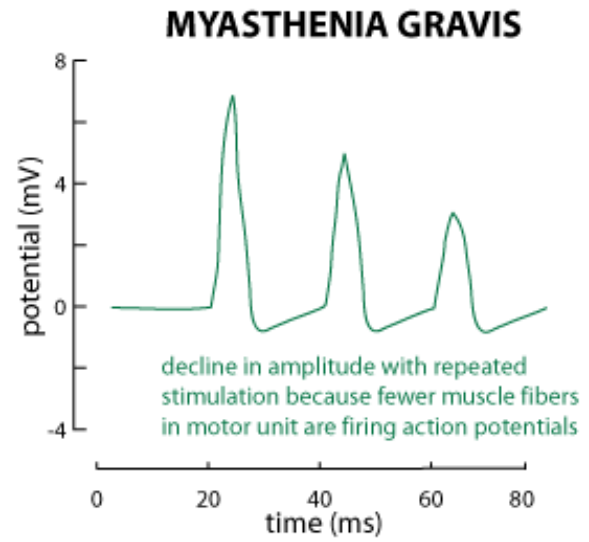
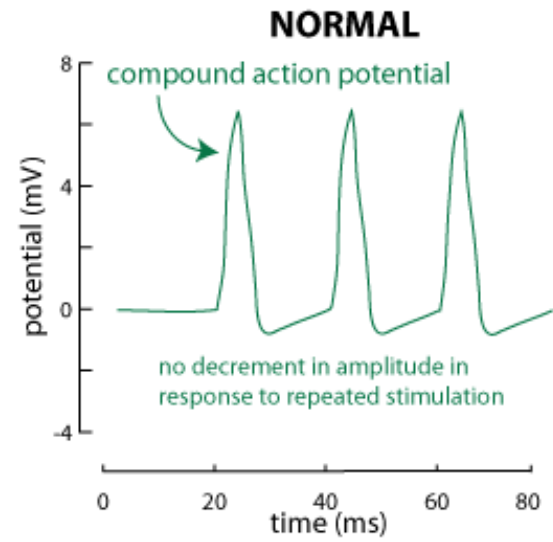
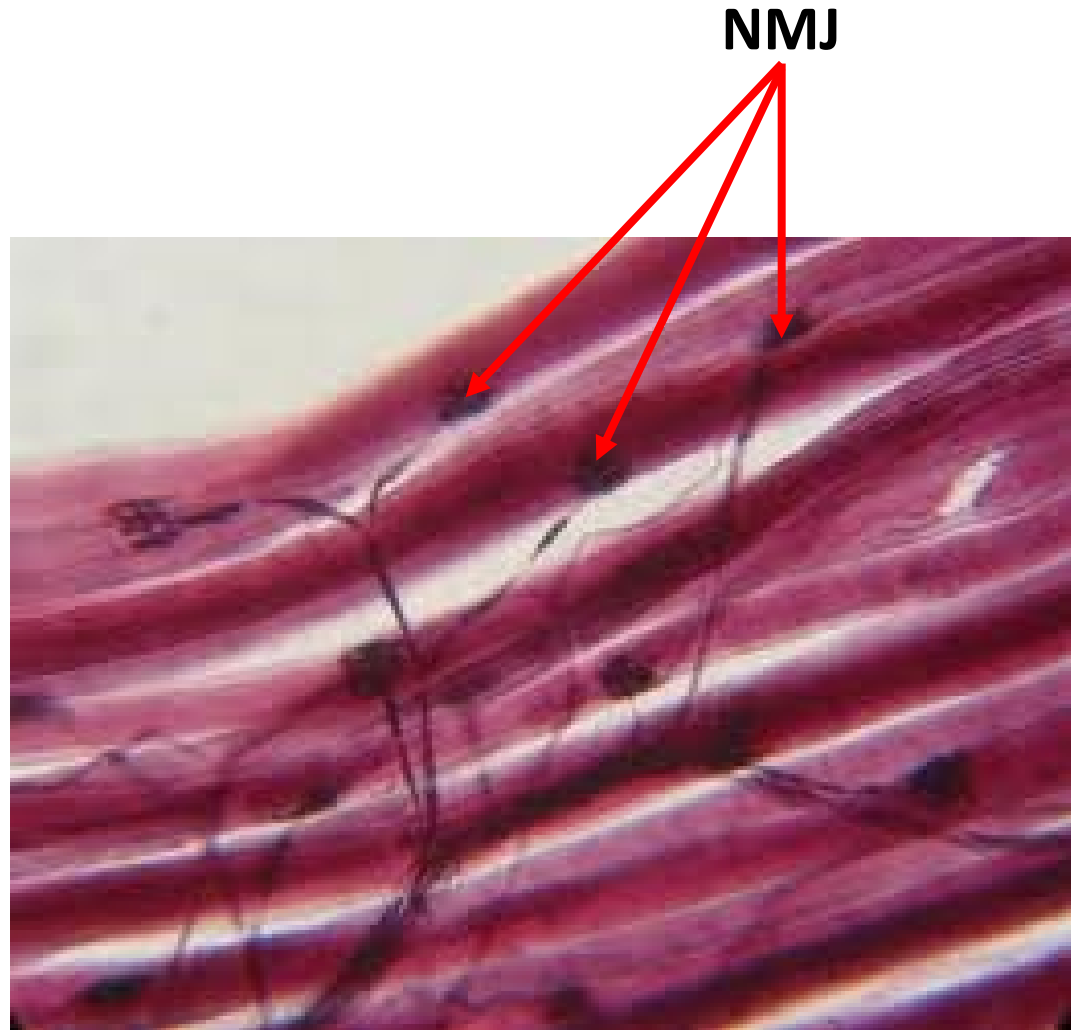
Myasthenia Gravis



Myasthenia Gravis



Myasthenia Gravis



time of somatic efferent neuron stimulus



Other Myasthenic Syndromes

Congenital Myasthenic Syndromes:

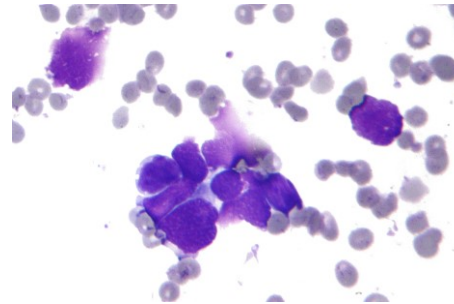
Arise from mutations in genes that code for critical components of NMJ

-Change function, trafficking or modification of proteins required for proper function

Lambert-Eaton Myasthenic Syndrome:

Often associated with certain forms of cancer (~60% with SCLC)

Autoantibodies produced against many components of the NMJ

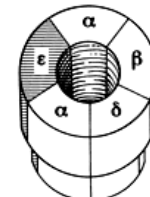
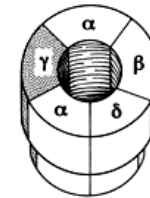


Neonatal Myasthenia Gravis:

Maternal antibodies targeting the γ -subunit of the fetal nAChR

Typically abates as ϵ replaces γ -subunits in mature nAChRs,

but can produce muscular development delays



Group Activities

1. Treatments for MG and Myasthenic Syndromes
2. Case Study

Treatment for Myasthenia Gravis

- Acetylcholinesterase Inhibitors

Physostigmine, Donepezil, Rivastigmine

- K⁺ Channel Blockers

4-aminopyridine; 3,4-diaminopyridine

- Immunosuppressants

Cyclosporin, Prednisone

- Plasmapheresis

- Thymectomy

Choose 2 or more treatment options and describe:

1. How it works to reduce symptoms
2. If it would work for MG as well as congenital syndromes

Case Study

From Milone et al, Neurology, 66; 2006

Patient 1 (A):

Age 7, has required artificial ventilation since birth
Severe weakness in all skeletal muscles, no tendon reflexes
Anti-nAChR antibody test is negative

Patient 2 (B,D):

Age 44, muscle weakness progressed since age 2,
wheelchair-bound since age 10
Anti-nAChR antibody test is negative

In both cases, parents and siblings are unaffected

With what you know about Myasthenic Syndromes and synaptic neurotransmission at the NMJ, suggest 2 or more potential proteins that could be involved in the pathology of these patients and explain why.

