



The MGFA mission is to facilitate the timely diagnosis and optimal care of individuals affected by myasthenia gravis and closely related disorders and to improve their lives through programs of patient services, public information, medical research, professional education, advocacy and patient care.

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DENTAL TREATMENT CONSIDERATIONS for People with MG

Common questions you may have about MG and dental treatment



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Common questions you may have about MG and dental treatment

Myasthenia Gravis (MG) is an autoimmune neuromuscular disorder that presents challenges for the dental practitioner, dental staff, and the person with MG. Facial and masticatory muscles may be involved and complicate dental care and treatment. Worsening of muscle weakness and fatigability that characterize this disorder can be precipitated by certain treatment procedures and medications used in dentistry. The dental team should be aware of the medication precautions in this population, modify dental care to accommodate existing neuromuscular weakness and drug therapy, and be prepared to manage emergent complications occurring in the dental office.

It is important to educate the dentist and dental team (dental hygienist, dental assistant, and office manager) about Myasthenia Gravis; discuss and inform

them about your current MG condition, symptoms, and limitations. Notify them that special considerations may be necessary for your dental treatment and office appointments. **Just noting MG on a medical form is not enough!** Request the MGFA's brochure *Dental Treatment Considerations for the Dental Care Team* to give to your dentist.

Dental Considerations for the Person with MG

Dental care provisions for you as a person with MG may require special management considerations. These include identifying and managing myasthenic weakness or crisis, avoiding the potential of harmful drug interactions, monitoring oral side effects of drugs and therapies used to treat MG, and modifying dental treatment to accommodate altered muscle strength.

Appointment Scheduling

It is important to realize that oral infections and the psychological stress of anticipating or undergoing dental treatment may precipitate or worsen myasthenic symptoms. Short-duration morning appointments may minimize fatigue and take advantage of the typically greater muscle strength during the morning hours. Appointments are best scheduled approximately one to two hours following oral anticholinesterase (Mestinon) medication so as to benefit from maximum therapeutic effects and decrease the risk of myasthenic weakness or crisis.



Private Office or Hospital

If you are a stable MG patient with limited or mild neuromuscular involvement you may be safely treated in the private dental office setting in most instances. However, if you suffer from frequent exacerbations or significant pharyngeal, respiratory, or generalized weakness you are more likely to receive dental care *most safely* in a hospital dental clinic or other facility with emergency intubation and respiratory support capabilities.

Preoperative Plasma Exchange and IVIg

Preoperative plasma exchange (PLEX) or IVIg treatments may be indicated for those with frequent severe myasthenic exacerbations or crises who are anticipating significant dental procedures or oral surgery. If an exacerbation is precipitated by the dental care, you should be evaluated for severity of neuromuscular involvement by your neurologist as quickly as possible.

Dental Treatment Considerations for You, the Person with MG

- Good preventative dental care at home and regular dental follow up office visits for teeth cleaning and inspection will help prevent dental problems, gum infections, and the need for emergency dental care. Open communication with your dentist can reduce the risk of complications during dental treatments.
- Helpful dental care hints include using an electric toothbrush or a manual toothbrush with modified handle that is easy to grasp. This will reduce muscle fatigue.
- Make short duration, morning appointments to reduce stress, minimize fatigue and take advantage of typically greater muscle strength in the morning.
- Schedule appointment(s) approximately 1-2 hours following Mestinon® intake or, if your physician allows, modify your Mestinon® schedule to allow drug intake approximately 1 hour prior to your dental appointment to maximize benefit from the drug's peak effect.
- Ask your dentist about using mouth props during dental treatment that may prevent the muscle strain of having to hold your mouth open during treatment.
- Dental treatment is usually done in a reclining position. Let your dentist know if you are so far back that you feel like your throat is closing off or if you are having difficulty with breathing or handling your secretions.
- Let your dentist and dental staff know if you will need frequent rest breaks during treatment.
- Tell your dentist how frequently you have weakness and what muscles are usually involved.
- If your MG is stable with limited or mild neuromuscular involvement, you probably can be treated safely in a private dental office.

- If you have frequent exacerbations of MG or significant mouth/throat, respiratory, or generalized weakness you may receive dental care most safely in a facility with emergency and respiratory support capabilities, such as a hospital or oral surgeon's office. Ask your dentist about his/her emergency equipment.
- If you are anticipating significant oral surgery (wisdom tooth extractions, multiple tooth extractions) and you have frequent severe exacerbations of your weakness, your physician may recommend additional myasthenic therapy (such as plasma exchange or IVIg) before your oral surgery.
- If an exacerbation is precipitated, your treating physician should evaluate you for severity of neuromuscular involvement.
- If respiratory collapse occurs, an open airway and adequate respiratory exchange must be established. Ask your dentist if they and their staff are trained in and prepared to do basic life support (CPR) until the ambulance arrives, when needed.

Compromised Ability to Manage Complete Dentures

- Your ability to manage complete dentures may be compromised by the inability of the weak muscles to assist in retaining the lower denture and to maintain a peripheral seal for the upper denture.
- Overextended and over contoured maxillary dentures with thick flanges that impinge upon muscle and frenal attachments can lead to muscle fatigue and altered salivation.
- Ill-fitting dentures may exacerbate symptoms of difficulty in closing the mouth, tongue fatigue, a tight upper lip, dry mouth, impaired phonation, dysphagia, and masticatory problems.

To prevent or improve these complications you should:

- Take anticholinesterase medication (Mestinon[®], Prostigmin[®]) 1 hour before meals.
- Allow a half-hour rest period before meals and frequent rests while eating.
- Eat the main meal of the day in the morning when muscles are stronger.