



## MGFA National Patient Conference 2022

### Supplemental questions and responses from Dr. Mark Terrelonge

Patient has gMG – CHF+ arrhythmia problems – how does one know which is likely to be cause of breathing issues?

Usually in the Emergency Department, if a patient has issues with the heart, either heart failure or rhythm problems, the changes in heart dynamics leads to fluid accumulating in the lungs, which can be seen on a chest x-ray or from low O<sub>2</sub> saturations early in breathing difficulty. Blood tests to look at the carbon dioxide are also helpful.

COVID vaccine – can it exacerbate MG and muscle weakness?

There is no compelling evidence, to me, that the COVID vaccine exacerbates symptoms, in particular weakness. There have been papers that support this too from observations studies.

How do we communicate to ER doctors that we're having an MG Crisis? How do we improve communication with attending doctors to let them know about MG issues?

This is a tough question, and really depends on specific situations. I would have the MGFA card with you to help them know that you have myasthenia gravis. They may also want to have a pulmonologist at the hospital be involved who may have more experience with patients with neuromuscular causes of their lung weakness (as opposed to issues with the lung parenchyma). To improve communication, having written records of your diagnosis, and having your Neurologist's on-call number can truly help an attending learn some important factoids that are helpful for therapy on the fly.

Should the same types of paralyzing agents be used for general anesthesia for surgery?

In general, depolarizing agents like succinylcholine should be avoided if possible (though this may not always be the case). Use of a nondepolarizing agent, if needed, is recommended. If a surgery is elective, it's best to discuss the choice of paralyzing agent with the team during a preoperative visit to ensure a safe plan can be determined.

Would blowing air out for one second be a good test for respiratory strength?

This is not the best test if its not done with the right machinery to be able to assess breathing strength. Single breath count is a better gauge of how much lung volume someone has. For the strength, use of proper equipment with respiratory therapy is best.

What is the impact of an MG crisis on a baby if you're pregnant?

Generally, none if you are within the hospital. Most agents may be used safely during pregnancy, though one would not want to start an agent that could be teratogenic, or injurious, to the baby. If concern for this exists and you are planning on getting pregnant, discuss with an obstetrician who is experienced in high-risk labor and delivery.