

TREATMENT AND OUTCOMES OF MYASTHENIC CRISIS.

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Myasthenia gravis is a chronic lesion of the peripheral neuromuscular apparatus, which leads to weakness and rapid fatigue of the muscles. The disease is characterized by a chronic course, and in some cases it is favorable, and in others it is extremely aggressive, when vital functions may be disrupted. Women get sick 3 times more often than men, the average age is 20-30 years. Pregnancy is often the provoking factor. 127 patients were included in the study. In women, the disease was most often noted before the age of 50. In men – after 60 years. The mortality rate was 0.1%. In myasthenic crisis, it was 2 times higher (0.2%). Elderly age and respiratory disorders were predictors of death. Intravenous immunoglobulin was most often used compared to plasmapheresis and thymectomy (the difference was statistically significant, $p < 0.0001$). In Andijan, the frequency of myasthenic crisis was studied in 29 patients with myasthenia gravis [2]. The median age was 44.2 years. Myasthenic crisis developed in 37.4% of patients.

Key words: myasthenia gravis, myasthenic crisis, ischemic heart disease, lipofuscinosis, hyperglycemia, obesity.

ЛЕЧЕНИЕ И ИСХОДЫ МИАСТЕНИЧЕСКОГО КРИЗА.

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Миастения – это хроническое поражение периферического нейромышечного аппарата, что приводит к слабости и быстрой утомляемости мышц. Болезнь характеризуется хроническим течением, причем в одних случаях оно благоприятно, а в других крайне агрессивное, когда могут нарушаться витальные функции. Женщины заболевают в 3 раза чаще мужчин, средний возраст 20-30 лет. Нередко провоцирующим фактором является беременность. В исследование включено 127 пациентов. У женщин заболевание чаще всего отмечалось до 50 лет. У мужчин – после 60 лет. Смертность составила 0,1 %. При миастеническом кризе она была в 2 раза выше (0,2 %). Пожилой возраст и дыхательные нарушения были предикторами летального исхода. Наиболее часто применяли внутривенный иммуноглобулин по сравнению с плазмаферезом и тимэктомией (отличие статистически достоверно, $p < 0,0001$). В Андижане исследовали частоту миастенического криза у 39 больных миастенией. Средний возраст составил 44,2 года. Миастенический криз развился у 13,4 % больных.

Ключевые слова: миастения, миастенический криз, ишемическая болезнь сердца, липофусциноз, гипергликемия, ожирение.

Methods and materials. The analysis of fatal outcomes in myasthenic crisis in patients with myasthenia gravis in the Andijan region was carried out according to the data of hospitalization in the ASMI clinic for 2 years (from 2021-2023).

Results. From 2021 to 2023, 27 patients with myasthenic crisis were in the clinic, 17 of them were in the intensive care unit of the research institute. 1 patient died

suddenly in the neurology department, despite the resuscitation assistance provided. Among all patients with myasthenic crisis in the clinic, a fatal outcome occurred in 2 cases, which amounted to 7.4%. All patients had concomitant diseases: hypertension, pathology myocardium (ischemic heart disease, in 1 case – myocardiocyte lipofuscinosis), hyperglycemia, obesity, violation of the blood coagulation system (increased fibrinogen in the blood and increased thrombin time), in 2 cases — iron deficiency anemia, in 1 – duodenal ulcer, in a 41-year-old patient, papillary thyroid cancer was detected during pathoanatomic examination with normal hormonal status and a cyst of the left lobe thyroid gland during ultrasound examination, in 2 cases – fatty hepatosis, in 1 case – adhesive disease, in 2 cases – chronic bronchitis, its exacerbation and pneumonia developed. All patients were treated with glucocorticoids and four received plasmapheresis. All patients received potassium preparations. In 3 cases, hypokalemia was registered in patients receiving plasmapheresis. And 1 of these patients also had hyperkalemia. 1 patient had hyperkalemia. In total, the violation of potassium levels in the blood was in 4 out of 5 elderly patients. In 5 cases out of seven, patients developed myocardial infarction, which caused death. In 1 case, a patient with chronic bronchitis had bilateral drain pneumonia. And 1 patient suddenly developed hemorrhagic pulmonary edema. An autopsy revealed papillary thyroid cancer. In 72%, the cause of death was myocardial infarction, in 14% — bilateral drain pneumonia, in 14% — hemorrhagic pulmonary edema.

Conclusion. In Andijan regional hospital, the fatal outcome among hospitalized patients is only 1% (in our study – 7.4%). In Andijan regional hospitals, normal intravenous human immunoglobulin is mainly used. In our study, this drug was not used due to the high cost. Thus, the study showed the need for the use of normal intravenous human immunoglobulin in myasthenic crisis, especially in elderly

patients to reduce mortality, since these patients are poorly tolerated plasmapheresis and high doses of glucocorticoids.

When prescribing pulse therapy, it is possible to prescribe prednisone instead of methylprednisolone, but take into account the ratio of their activity. The activity of prednisolone to metipred is 1: 0.4. Instead of 500 mg of methylprednisolone, 625 mg of prednisolone should be prescribed. In 1 ampoule of 30 mg or 25 mg. Vme one hundred 1000 mg of methylprednisolone should be prescribed 1250 mg of prednisolone.

Literature

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