



# 3/26/26 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Eyron Case Discussants: Rabih (@rabihmgeha) & Saketh (@saketh\_vinj)  
<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Magnus)  
**CC:** 38M with progressive weakness  
**HPI:**  
Progressive generalized weakness over 3 months, worse after work. No constitutional sx.  
Worsening fatigue over 2 weeks, associated with difficulty swallowing and neck pain. Developed double vision and was referred to MRI by his PCP for this, which was normal apart from old orbital fracture.  
Tonight unable to lay down due to SOB and difficulty swallowing.  
**ROS:** No cough, fevers, chills, n/v, diarrhea, CP, palpitations, headache, dizziness, weakness.

<b>PMH:</b> None	<b>Fam Hx:</b> HTN
<b>Meds:</b> None	<b>Social Hx:</b> Works in car repairs
<b>Health-Related Behaviors:</b>	
<b>Allergies:</b> None	

**Vitals:** T: 36.6 HR: 78 BP: 130/90 RR: 18 Sat: 98 RA BMI:  
**Exam:** Gen: AOx3, slurred and incomprehensible speech  
**Neuro:** Unable to puff cheeks, moderate right ptosis, diminished upgaze and diplopia on lateral gaze  
Otherwise physical exam wnl

**Notable Labs & Imaging:**  
**Hematology:**  
WBC: 7.6 Hgb: 15 Plt: 271  
**Chemistry:**  
Na: 139 K: 3.6 Cr: 0.7 BUN:13 Glucose: 102 Ca: 9.4  
AST: nl ALT: nl Alk-P: nl Bili: nl Alb: nl  
ESR: 30 CK 222 TSH 1.62 B12 880 B9 13.9  
**Imaging:**  
CXR: nl  
Pulmonary function testing: Stable  
Chest-CT: No thymoma or any acute findings.  
Anti-AChR negative  
Anti-MUSK positive  
EMG/NCS: NM-junction defect. Repetitive stimulation testing showed decrement in the facial nerve-nasal muscle after exercise.  
  
**Dx:** Oculobulbar myasthenia gravis

**Problem Representation:** Middle aged man with generalised weakness, oculobulbar symptoms worsening over the course of the day with a conclusive EMG and antibody testing

**Teaching Points (Manaswini)**  
**Approach to weakness :**  
Clarify distribution and tempo  
Is it 1. true functional limitation OR is it a 2. Subjective feeling/sensation(asthenia): Discomfort vs dysfunction —> Neuro exam  
  
**Approach to Dynamic weakness** (oscillating btw 1 and 2)  
DDx: Spinal stenosis(neurogenic claudication) & MG, GBS, Botulism (peripheral process)  
  
**Beauty of the Neuro Exam:** If we suspect a lesion, it is most likely to be there  
CNS lesions affect distal parts before proximal;  
Bilateral pan-facial weakness with spared limbs is almost never central, so descending paralysis localizes to peripheral disorders (myasthenia, botulism, Guillain-Barré).  
  
**Approach to Investigations**  
- MOA of Ice pack test(Bedside test) : To see improvement in mostly Ptosis  
Ab to postsynaptic Ach receptor seen in MG —> AchE function decreases in cold environment—> increases Ach in synapse—> improvement in ptosis  
- Utility of MRI is low for peripheral causes(PNS involvement)—> but useful to check meninges(for sneaky sarcoidosis) - Hence, EMG is more powerful here.  
- CT for thymoma  
- Antibodies: AchE, MUSK, LRP  
  
Steroids Ppt Autoimmune Crisis in MG. Rx Ivlg!