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Summary

Dysphagia in myasthenia gravis: What we know and don’t know about its manifestation across the swallowing phases

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Myasthenia gravis causes dysphagia across oral, pharyngeal, and oesophageal phases, may present as isolated swallowing difficulty, and requires independent assessment from general muscle strength.

KEY POINTS

- The speaker reported that dysphagia is the initial symptom in 6 to 15% of myasthenia gravis patients, and truly isolated dysphagia has been described in case reports, though the absence of limb or ocular weakness does not rule out the diagnosis.
- Dysphagia prevalence in myasthenia gravis ranges from 6 to 70% depending on assessment method, with about 70% of patients developing swallowing problems during their disease course, according to the speaker.
- The speaker stated that dysphagia may respond differently from facial or limb weakness, and swallowing function must be assessed separately because improvement in general muscle strength does not guarantee improvement in swallowing.
- Typical findings on fiberoptic endoscopic evaluation of swallowing include secretion management problems, silent aspiration without reflexive cough, residues requiring multiple swallows, and visible fatigue with repeated boluses, the speaker reported.
- In a Frankfurt clinic cohort of 255 patients, the speaker stated that myasthenia gravis was diagnosed in nine of 87 patients with initially unexplained dysphagia, and among the nine diagnosed, seven were older than 70 years.
- The speaker emphasized that new or rapidly worsening bulbar symptoms warrant particular attention as early warning signals of myasthenic crisis, though no specific dysphagia symptom or score currently identifies patients at highest risk.

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