**HPI:** 79yo active F presented to the office with R eye drooping for 5 days; double vision and problems with depth perception for 1.5 months, uncorrected by left-sided cataract surgery 2 weeks previously.

**ROS:** No HA/N/V, dysarthria or dysphagia, balance issues, taste or hearing changes, no other motor or sensation changes. No SOB

- **PMHx:**
  - Vitamin D deficiency, cataracts, borderline glaucoma, cervicalgia
- **Medications**
  - Vitamin D 4000U daily
- **PSH**
  - Left cataract removal
- **SocHx**
  - Former smoker
  - Works part time, drives a car

- **Physical Exam:** AVSS
- **Gen:** NAD, pleasant cooperative elderly F
- **Heart:** RRR  
  **Lungs:** CTAB  
  **Ext:** No edema
- **Neuro:**
  - AOx3, no aphasia
  - Right-sided ptosis with compensatory elevation of right eyebrow. Able to raise both eyebrows and tightly close both eyes
  - Limited medial gaze of the right eye
  - PERRLA, Palate symmetric, tongue midline, facial sensation intact
  - No ataxia; extremity strength/sensation intact; negative Rhomberg’s
Ptosis/Diplopia Differential Diagnosis

- Mechanical/excess weight
- Aponeurotic- dehiscence of levator palpebrae aponeurosis from tarsal plate (post cataract surgery complication)
- Neurologic
  - Third nerve palsy
  - Horner’s Syndrome
- NMJ:
  - Botulism
  - Ocular Myasthenia Gravis- Dx tests: Ice pack, Tensilon test, Serum AChR antibodies
Acetylcholine Receptor Antibody Testing

- Thought to be lower yield in Ocular Myasthenia Gravis
- 223 participants with OMG symptoms (1986-2013)
  - 70.9% tested positive for AChR Ab’s
  - Increased age at diagnosis and progression to generalize MG were associated with positive Ab’s
  - Women less likely to have positive Ab test
  - Those who developed general MG had significantly higher Ab levels (12.7 vs 4.2 nmol/L. Normal <0.3nmol/L)
- Patient’s AchR antibody level was 26.7 nmol/L

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Treatment

- Symptomatic
  - Eyelid crutch, eye patches
- Acetylcholinesterase inhibitors: pyridostigmine (Mestinon)
  - Patient was placed on Mestinon 60mg TID → BID due to diarrhea
- Steroids
  - Patient was placed on Prednisone 20mg QD for 3 months, then slow taper
- Immunosuppressants: azathioprine, cyclosporine, tacrolimus, mycophenolate mofetil, cyclophosphamide
- Thymectomy
- Surgery to correct STABLE ptosis and ophthalmoparesis
- Treatments under investigation: monoclonal antibodies and stem cells
References

• Alkhawajah NM, Oger J. Treatment of Myasthenia Gravis in the Aged. Drugs Aging. 2015 Sep;32(9):689-97. PMID: 26363907


• Overview Of Ptosis. Lee, MS. Brazis, PW. Wilterdink, JL. UpToDate. Last Updated Oct 21, 2014
