OBJECTIVES: Myasthenia gravis is a disorder of neuromuscular transmission characterized by fluctuating weakness and fatigability and attributed to damage of acetylcholine receptors by auto antibodies. Myasthenia gravis is a disorder of neuromuscular transmission characterized by fluctuating weakness and fatigability and attributed to injury of acetylcholine receptors by auto antibodies. %12-16 of patients with MG can pass a myasthenic crisis in a part of their lives. In this article we aimed to point to myasthenic crisis which developed after infection, irregular and insufficient druguse.

CASE: A-75 years old male patient admitted to ED with shortness of breath. In the story it was learned to develops peech difficulties with swallowing four days ago, the last two days it was learned that an increase in respiratory distress. In his story, for 6 years he has been followed with a diagnosis of MG and he forgot to use his pyridostigmin drug last day. On physical examination, the general condition was worse than moderate, tachypnea, tachycardia ands weating were present, had respiratory distress. Neurological examination was conscious, cooperative, and oriented patients who had ptosis of the left eye. Laboratuvery: Hemoglobin 17.5 g / dL, Leukocytes 14,700 / pl, CRP 121 g / dl, blood glucose 288 mg / dL, Arterial blood gases: ph:7.182 PCO2:76.3 mmhg PO2:95.3 mmhg SO2:%94.2 HCO3:21.2 2lt/ second Oxygen and 60mg corticosteroids was administered to patient. Pyridostigmine dose which is not received last day was given. 30g IVIG treatment was planned and with a diagnosis of myastheniccrisis he was hospitalized to the neurology intensivecare.

CONCLUSION: In the cases with myasthenic crisis, in the intensive care unit, especially monitoring of respiratory parameters careful, ensuring appropriate life support and struggle with complications is the most important part of the treatment.

Keywords: Myasthenia gravis, emergency department, shortness of breath