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EDITORIAL

Myasthenia gravis beginning during pregnancy, partum or puerperium: a distinct clinical entity.

Myasthenia Gravis (MG) is a well characterized clinical disorder of the neuromuscular junction (NMJ), with several clinical types including a recent one described in women during pregnancy, partum or puerperium times (3). However, the pathomechanism that finally lead to the NMJ damage in all of these patients remains unsolved (5).

Specifically, descriptions on MG beginning during pregnancy, partum or puerperium (MBDP) have been noted since the turn of the century (7); but its actual frequency remains to be elucidated. Sometimes those patients with MBDP have been included with other female groups who present remissions and exacerbations of their already established MG either during pregnancy, partum or puerperium (1), but even so, this type of presentation is considered uncommon. In fact, only 5 cases have been considered like MBDP including two patients described recently by us (3, 8).

On the other hand, it is known that in pregnant states a feto-maternal transfusion has been observed (6) which is found in at least one fifth of women at delivery (4). The volumen of these fetal cells, present since the first trimester of pregnancy (2), increases as pregnancy advances, and the transfer of cells is bigger in those pathological ones (4). In these latter cases, such transfer of fetal cells is highly increased with cesarean section or manual removal of placenta (4). More interesting is the fact that these fetal cells can survive into the mothers's circulation up to 8 months after partum (2). Consequently, some of these feto-maternal transfusions could likely be involved to awake some immunological reaction against the NMJ of normal women and could lead them to develop the clinically manifest disease called MBDP. These feto-maternal transfusions could also play a role, along with those other factors (e.g. progesterone levels, alfa-feto protein, etc) involved with remissions and exacerbations during pregnancy, partum and puerperium, in women with an already established clinical picture of MG (5). Likewise, it should be kept in mind on the weakness complaints of women during pregnancy, partum or puerperium. These symptoms should be carefully observed and analyzed because some of those patients have been missdiagnosed, and. they had really developed MBDP (1).

Thus, based in previous reports, including our own, and taking into account the mechanisms discussed above MBDP have to be considered, diagnosed and investigated as a separate clinical entity within the wide spectrum of MG. Special and unique physiological conditions present in women during pregnacy, partum and puerperium support our view (3, 5, 7, 8).

Fidias León

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