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**Thymectomy role in juvenile myasthenia gravis: A longitudinal case****Junita Elvira, Dwi P Widodo and Hardiono D Puspnegor**  
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**Y**asthenia Gravis (MG) is an immune-mediated Neuro-Muscular Junction (NMJ) dysfunction characterized by weakness and fatigability of ocular, bulbar and extremity striated muscle. The world prevalence was 125/1,000,000 and up to 50% in Asian population the first manifestation present at childhood. Some cases of pre-pubertal juvenile MG (JMG) that only presented by ocular symptom was spontaneous remission, in other hand some cases were developed into general MG. Aim of the study is to demonstrate a first case of JMG patient that was underwent thymectomy at Cipto Mangunkusumo Hospital (CMH). 2 years 3 months old boy with JMG was referred to CMH because of minimal improvement with optimal dose of Pyridostigmine and steroid. The first symptom was only left ocular sign and became worsening to general in less than 1 year. Acetylcholine esterase receptors (AChRs) binding and blocking autoantibodies were both increased and the imaging revealed of homogenous solid mass with relatively firm limits. Pathology examination showed hyperplastic thymus with thymus cyst. After thymectomy the clinical manifestations seem to be well improved but there was some episode of relapsed for about 2 years and the patient became steroid dependent. In the last 6 month, a very slow steroid tapering off was succeeded and remission occurred. Although there is a possibility for remission, early thymectomy may be considered for certain cases of JMG.

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