

The Minutes of the Meeting of the Derby Medical Society

Held in the Derby Medical School

13th November 2012

Apologies were received from; Dr Cole, Dr Fryatt, Dr Young, Drs Alex and Jane Cargill.

The minutes of the meeting held on the 30th October were read and approved.

Dr Wendy Scott, the President then reminded us that students are applying for the elective bursaries. There are 2 available and they will be chosen by mid December.

The President then had the pleasure of introducing the evenings speaker; Dr David Hilton Jones, a consultant neurologist from Oxford.

Dr Hilton Jones and Dr Scott are colleagues from their time spent in Milton Keynes.

Dr Hilton Jones was appointed a consultant at Milton Keynes and Oxford in 1989. It is a centre of excellence for myasthenia gravis (MG) and mitochondrial muscle problems. He is also a general neurologist.

His lecture was entitled MG and related syndromes.

MG can be acquired or congenital.

Dr Hilton Jones first gave us a revision of the neuromuscular junction and reminded us that nerve impulses are transmitted to the muscle via acetylcholine which binds to receptors on the post synaptic membrane causing depolarisation and subsequent muscle twitch.

In MG there are antibodies to the acetylcholine receptors which bind and destroy them so muscles are weak.

It is an autoimmune disorder. The role of the thymus in MG is unclear. In 1:10 cases a thymoma is present.

The prevalence is 10/100,000

Female: male ratio is 3:2 the peak age of onset is 28 for female and 42 for males.

50% are seronegative for AchR ab but others have anti MuSK (muscle receptor antibodies).

Clinically there is variability of weakness and fatigability of muscles.

Extra ocular muscles are commonly affected as are bulbar, limbs and occasionally respiratory muscles.

Factors affecting it are hormonal infection emotion and heat. It is easily missed. A common symptom is variable diplopia which is worse at the end of the day.

Diagnosis depends mainly on clinical history and examination. Neurophysiology tests are also helpful. The Tensilon test is rarely used but Dr Jones showed us a video of a dog with MG responding well to an injection of edrophonium.

It is associated with other auto immune diseases. It is treated with steroids and steroid sparing drugs such as azathioprine and methotrexate. Plasma exchange and IVIg are reserved for severe, acute cases. Thymectomy is used in selected cases.

The Anti MuSK ab disease is more resistant to treatment and seems to respond better to the biological drug rituximab.

10% resolve spontaneously, 60% are well controlled on medication and over 90% are fundamentally well.

Dr Hilton Jones then went on to describe rarer cases including neonatal MG, Eaton- Lambert syndrome, and gated channel disease, leading to peripheral nerve hyper excitability syndrome.

In summary MG is a rare but important disease to recognise.

Questions were taken from the floor.

Dr Robbie Erskine gave vote of thanks, noting how important it is for anaesthetists to be aware of these conditions.

29 members and guests signed the registers.

Signed.....

Date.....