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# IVIg in myasthenia gravis, Lambert Eaton myasthenic syndrome and inflammatory myopathies: current status.

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### Abstract

Intravenous immunoglobulin (IVIg) is an effective tool for the treatment of diseases with immune pathogenesis. This article reviews the current knowledge of the benefits of treating with IVIg patients with myasthenia gravis (MG), Lambert Eaton myasthenic syndrome (LEMS), dermatomyositis (DM), polymyositis (PM) and inclusion body myositis (IBM). Myasthenia gravis: Treatment of MG with IVIg was reported to be beneficial in a number of case series and two randomised controlled trials, in which efficacy was measured by clinical improvement using myasthenic muscle score and decrease in anti-acetylcholine receptor antibodies (AChRab). According to the results, IVIg could be recommended for crisis and severe exacerbation. In many other clinical conditions, such as response to treatment of mild or moderate exacerbation, changes in steroid dosage and before thymectomy, IVIg has also been reported to be helpful, but no controlled trials to confirm its efficacy have been performed. Lambert-Eaton myasthenic syndrome: A placebo-controlled crossover study reported a significant clinical improvement in the amplitude of the resting CMAP following IVIg treatment. Further experience from case reports also indicates that IVIg is useful in patients with LEMS, both as a short- and long-term treatment, especially when immunosuppressive drugs are not fully effective. Inflammatory myopathies/dermatomyositis: In a double-blind placebo-controlled crossover trial in patients with DM resistant to other treatments, IVIg was shown to produce a significant increase of muscle strength as well as a marked improvement in immunopathological parameters in repeated muscle biopsies (before and after IVIg). Thus, IVIg is an important therapy in patients with DM resistant to other conventional therapies. Polymyositis: No randomised trials have been undertaken. One study showed clinical improvement and a reduction in the need of prednisone in patients with chronic refractory PM. Inclusion body myositis: Three controlled trials showed some muscle strength improvement, although the changes did not reach statistical significance. However improvement in swallowing was repeatedly observed, suggesting that some patients with severe dysphagia may derive a modest benefit from IVIg therapy. CONCLUSION: Controlled trials indicate that in MG, LEMS, and DM, IVIg at a total dose of 2 g/kg is a highly useful therapy. Uncontrolled trials and case reports indicate benefit in many different clinical situations, but further clinical investigation is required.

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