# Three interesting cases of Ocular Myasthenia presenting as Blepharospasm

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## **Background and aims**

Ocular myasthenia and blepharospasm are seen in the outpatient neurological service. Occasionally ocular myasthenia can present as blepharospasm and three such cases are presented here.

# Methodology

Fifty eight year, forty year old gentlemen and sixty year old lady presented over a period of six months to the out patient neurological service with h/o bilateral frequent blinking of eyelids with no double vision, no dysphagia and no limb weakness.

All of them had a small dose of trihexyphenidyl and clonazepam with no improvement. Clinically on close observation, it was found that some of the blinking was followed by mild drooping of the eyelids which got corrected immediately.

#### **Results**

All the three Patients were tested for serum acetylcholine receptor antibody, anti MUSK antibody, CXR. All three had positive acetylcholine receptor antibody level, 0.7, 0.6 and 0.5 nmol/L with negative anti MUSK antibody test. The CXR was normal in all three patients. The other blood parameters were in the normal range.

The trihexyphenidyl and clonazepam was stopped as there was no response and they were started on T

Pyridostigmine 60 mgm half tablet three times a day with good response.





Case 1 Case 3

#### Discussion

Frequent blinking can be the presentation in some cases of ocular myasthenia as a compensatory mechanism for fatigue and ptosis. In the background of no double vision and no other myasthenic symptoms, this can lead to the diagnostic and therapeutic error.

#### Conclusion

Blepharospasm can be the manifestation in some cases of ocular myasthenia. History, clinical examination, suspicion and appropriate investigation will help to diagnose this unusual presentation.

### References

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