THE ORIGIN OF MYASTHENIA GRAVIS AND METHODS OF TREATMENT

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It is known that all organ systems in the body have certain specific diseases. Prevention and treatment of these diseases is the responsibility of young doctors like us. For example, the nervous system. One of the most common diseases in this system is associated with the conduction of nerve impulses. For example, when an iodine is exposed to an organism, the impulse is received by receptors located in the skin, senses, smells, hearing, sight, and so on, and transmits them to the centers of the brain and spinal cord. This pulse travels through many places to reach the center, but this process is extremely fast, moving at a speed of 4.4 meters per second to 100 meters per second. These nerve impulses are studied at the center and transmitted to the working organs. The working organ works under the influence of these incoming impulses. . If we look at another systemic disease, for example, the musculoskeletal system.

There are also specific diseases of this system. Muscles work under the influence of nerve fibers. Muscles are an active part of the body. Every movement of the body occurs as a result of the contraction of the skeletal muscle fibers in the body. The muscles of the body attach to the bones and move them. They are involved in forming the walls of the body cavities and organs (swallow, upper esophagus, larynx, lower part of the rectum). As muscles work, they need energy, and this energy makes the muscles work accordingly. If the body's energy supply is depleted, the muscles will not be able to function. As long as these two systems work together, dem ak, a common disease of both systems results. This disease is called myasthenia gravis.

The International Classification of Myasthenia gravis was adopted in Los Angeles in 1959 and is still used in all countries. There are different types of myasthenia gravis, such as diffuse and ocular myasthenia. There are 6 types of disseminated myasthenia gravis: neonatal myasthenia gravis, congenital myasthenia gravis, myasthenia gravis with ophthalmaparesis or ophthalmoplegia, familial myasthenia in children, juvenile myasthenia gravis, and disseminated myasthenia gravis in adults. Eye myasthenia gravis: Divided into juvenile and adult myasthenia gravis.

Myasthenia gravis is a disease characterized by weakening of the transverse muscles. In this case, if the muscle weakness increases during any physical activity, the person returns to normal after rest. This disease is a disease of the muscles and nervous system. Metabolic disorders cause disease of the pancreas. Autoimmune processes play an important role in the development of myasthenia gravis. Most often, the muscles of the pelvis, masticatory muscles and limb muscles are damaged. The prevalence of myasthenia gravis is 10-24 per 100,000 population. The disease develops at any age, both in early childhood and in old age. However, myasthenia gravis is more common in the age group of 20-40 years. Women get sick 2-3 times more often than men.

The etiology of myasthenia gravis is not fully understood. Its development is mainly associated with the thymus. Because myasthenia gravis detects thymus pathology in 80% of cases, ie hyperplasia in 65-70% and thymoma in 10-15%. In other cases, thymus pathology is not detected. Myasthenia gravis is sometimes associated with a number of autoimmune diseases, such as polymyositis, Hoshimoto's disease, SQB, rheumatoid arthritis, lymphosarcoma, sarcoidosis. Experts believe that the etiological factors that cause these diseases may be similar.

Congenital defects of presynaptic and postsynaptic membranes are also considered important in the development of myasthenia gravis. Because of these defects, the testicles become dysfunctional, and symptoms of myasthenia gravis begin to appear. Various viral infections contribute to the suppression of these pathological processes. The pathogenesis of myasthenia gravis is well understood.

The thymus is an endocrine gland that is actively involved in immune processes, and its damage can lead to severe autoimmune disorders. Under the influence of still unknown etiological factors, some cells of the thymus produce large amounts of antigens. Antibodies to these antigens are formed in our body, which means that the amount of antibodies against acetylchonyl receptors in the blood increases. Antibodies infect honilolreceptors located in the postsynaptic membrane of neuromuscular synapses, and as a result their number begins to decrease. Cholinergic receptors are receptors that act on acetylcholine. Acetylcholine is known to be a mediator of neuromuscular synapses. Acetylcholine is produced in the last part of the motor nerves and is paid for in the pericynaptic resiculae. Acetylcholine released from these vesicles into the synaptic cleft is received by holino receptors located at postsynaptic receptors.

As a result of these processes, impulses travel from the motor neurons through the synapses to the muscles, where they contract. In myasthenia gravis, this physiological process is disrupted and is manifested by muscle fatigue. The term "myasthenia gravis" has been suggested because of the rapid onset of muscle fatigue.

Myasthenia gravis, which is now seen in ophthalmology, is also common in newborns. In this case, boys get sick twice as often as girls. Autosoma is inherited in the dominant type. The child is born with ophthalmaparesis: bilateral ptosis is detected and the movement of the eyeballs is limited. As the child grows older, the ophthalmaparesis progresses to complete ophthalmaplegia, in which both eyes close and the eyeballs become almost immobile. There is a slight fatigue in the facial muscles. The muscles of the limbs remain healthy or mild paralysis is detected. Congenital myasthenia gravis should be distinguished from neonatal myasthenia gravis. A diagnosis of myasthenia gravis is made. If the symptoms of myasthenia gravis disappear within a few days, the child has developed neonatal myasthenia gravis.

Symptoms of neonatal myasthenia gravis are mild.

What are the treatments for myasthenia gravis? Treatments for this disease are carried out at 3 o'clock. Stage 1 Compensation phase consists of treatment with anticoagulant drugs. These drugs should be recommended from the day of diagnosis. Stage 2 - Treatment with corticosteroids. Corticosteroids, especially prednisolone, are widely used in Miaste nia. The effectiveness of corticosteroids is almost 80%, and in most cases complete remission can be achieved by using them. Stage 3 is the treatment phase with immune suppressors. Immunosuppressants are recommended in cases where treatment with corticosteroids is ineffective or if their side effects and complications are more pronounced. The effectiveness of immunosuppressants is so high that complete remission can be achieved in 80% of cases.

The main mystery of myasthenia gravis is currently being studied in its etiology. We young people are working hard on this issue and we are always looking for it.

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