EFGARTIGIMOD TREATMENT IN A IN A IMMUNE CHECKPOINT INHIBITOR-ASSOCIATED MYASTHENIA GRAVIS: A CASE REPORT

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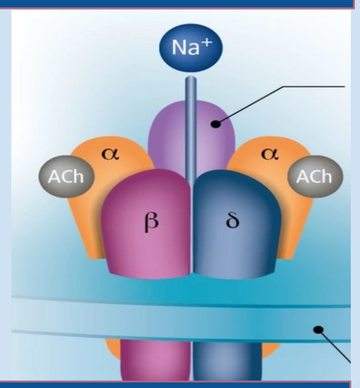
WHAT WAS DONE?

This case report describes the use of **efgartigimod**, a high economic impact drug indicated in adult patients with generalized **myasthenia gravis** (GMG) who are **ab-positive against AChR,** not controlled with pyridostigmine, corticosteroids and at least two conventional immunosuppressive therapies.



WHY WAS IT DONE?

To treat a **72-year-old patient** admitted to the ICU who developed GMG as an **adverse effect** to his first cycle of **pembrolizumab**, an immune checkpoint inhibitor (ICI) drug.

HOW WAS IT DONE?

In June 2024, the patient was diagnosed with a **melanoma recurrence** and started an adjuvant treatment with **pembrolizumab**. 18 days after his first cycle, the patient went to the emergency room with characteristic **GMG symptoms** such as asthenia, myalgia, proximal limb weakness and ptosis in both eyes.

The treatment consisted of **methylprednisolone** (2 mg/kg), **tacrolimus**, high-dose **pyridostigmine** (90 mg/4 h), **immunoglobulins** (2 g/kg) and 7 **plasmapheresis** sessions. Tacrolimus was included as immunosuppressive therapy and cyclosporine was intended to be started, but both were discontinued due to the risk of worsening the **bicytopenia**. It was then decided to perform an **antibody study** in order to guide the treatment. The **positive** result of the **anti-AChR antibodies** and the lack of control of the pathology after conventional treatment, suggested starting a treatment with **efgartigimod 800 mg/week** for 4 weeks.

WHAT HAS BEEN ACHIEVED?

After four efgartigimod cycles, there was a progressive **improvement** in neurological weakness, with persistent oculomotor impairment and palpebral ptosis. Almost two months after the efgartigimod treatment, an excellent **progressive evolution** has been observed and **discharge** is expected in one week. Nowadays, the patient continues with high doses of pyridostigmine, prednisone in a descending regimen and follow-up by dysphagia and speech therapy units.

WHAT IS NEXT?

MG is an **immune-related adverse effect** caused by ICI, such as pembrolizumab, whose **prevalence** is growing with the increasing use of these drugs. In cases of persistent MG, efgartigimod is considered an **effective option** as an add-on treatment that provides **symptom improvement** in clinical practice.

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