Intravenous Immunoglobulin for the Treatment of Myasthenia Gravis

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Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
Intravenous immunoglobulin (IVIG) has been investigated as a treatment for a variety of neurological disorders, including myasthenia gravis (MG), an autoimmune disease. The goal of IVIG for neurological disorders is to eliminate or reduce neurologic symptoms and normalize or improve neurologic function by enhancing immune capability with components that substitute for immune deficiencies, improve the modulation of inflammatory processes, or allow the destruction of autoantibodies. Rationale: IVIG temporarily modifies the immune system by infusing antibodies from the donated blood of healthy individuals. The main indication in MG is acute worsening of the disease or myasthenic crisis, with other indications, including worsening during initiation of corticosteroid therapy and preparation prior to thymectomy in symptomatic patients. IVIG has rapid but temporary beneficial effects that typically last 4 to 5 weeks. Controversy: Due to its high cost of manufacturing and administering the product, IVIG is an expensive therapy. The total cost of IVIG therapy ranges from $5000 to $10,000, depending on the patient's weight and number of infusions per course. Additional costs may include a hospital stay if home infusion is not covered. Relevant Questions: Does IVIG improve clinical symptoms, electrophysiological correlates, antibody titers, and other measures of MG? What is the effectiveness of IVIG treatment in different subpopulations of MG (generalized MG, worsening or exacerbation of MG, preparation for thymectomy, Lambert-Eaton myasthenic syndrome [LEMS])? Is IVIG safe for adult patients with MG? Have definitive patient selection criteria been established?

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