Neuromuscular Junction in Myasthenia Gravis

Authors: Bold 60 - 80 pt.
Headers: Bold 48 - 72 pt.

Suggested pt sizes for FINAL output. Suggested pt sizes should be keyed in at file Name, no up be printed college, 36" email. has than 50% up printed 3.56" suitable text. make corresponding or getting written permission to use them. Web images are usually 'web-quality' meaning 72 dots per in. 16 year old African American female presented with chest pain. Patient denied emesis, diarrhea, constipation, difficulty swallowing and abdominal pain. and unintentional weight loss of 15 kg over the past 5 months. Ocular symptoms such as ptosis and diplopia compromise 85% synaptic membrane at the neuromuscular junction. Upper endoscopy, colonoscopy with biopsies and pH probe study were done. The patient's mental and respiratory status deteriorated again, which led to a transfer to the pediatric intensive care unit for mechanical ventilation. Neurology was consulted and her physical exam was unremarkable. Laboratory studies showed minimal electrolyte abnormalities were normal and a CT head without contrast showed no abnormalities. The patient's mental and respiratory status deteriorated again, which led to a transfer to the pediatric intensive care unit for mechanical ventilation. Rectal biopsy from the family revealed no endoscopic abnormalities, diplopia, dysphagia and inability to climb stairs. She was started on intravenous immunoglobulin, oral and intravenous immunoglobulin, oral methotrexate, and prednisone. The patient was finally successfully extubated on day 4 of her PICU admission. Case Report

Introduction
- Myasthenia gravis (MG) is a neuromuscular disorder of autonomic ecology. - Antibodies against acetylcholine receptors attack the postsynaptic membrane at the neuromuscular junction. - Resulting in skeletal muscle weakness and fatigability. - MG is a rare disorder. - Highest reported prevalence rate of 20.4 per 100,000. - Cular weakness symptoms such as ptosis and diplopia compromise 85% of Extraocular muscle strength reported by patients. - Bulbar weakness (dysphagia, dysarthria, or fatigable chewing) are the presenting complaint in only 6% of the patients.1


Discussion
- MG is an uncommon autoimmune disorder-
- Estimated annual incidence: 10 to 20 cases per million people.2
- Onset: significantly earlier in women compared to men.3
- Genetic distribution: see Table 1. 
- Patients with MG usually have HLA DR2.
- Gastrointestinal disorders are the second most common medical comorbidity (2.9%) in patients with MG.4
- Magnesium levels in patients with MG are often low.5
- It can be speculated that the patient's persistent weight loss was secondary to dysphagia.6
- The patient did not state having difficulty or pain swallowing, on any of his visits to the clinic.
- This literature highlights the importance of a thorough evaluation of the differential diagnosis of a patient presenting with weight loss, which should include an extensive but patient guideline of diagnosis.6

References

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Posters must be set up at 50% of final size as PPT is limited to 56” max. Posters will be printed no larger than 36” x 60” so posters must be set up no larger than 18” x 30”. Your file will then be printed at 200%. Author section should be listed in this order: Name, dept. or college, institute, location and contain Upstate seal or logo.

Suggestions:
- Greater contrast between background and text makes text easier to read, you don’t want to lose your audience. Choose either dark backgrounds with white or pale yellow text or very light backgrounds with black text. Middleground colors will make text look muddier and harder to read. Applying color to text will also make it harder to read. If using color with text, use it sparingly. Stay away from red text.

- Insert new text boxes for each section of text. (Abstract, Methods...) then all are movable/resizable on their own and easier to form columns if necessary. Don’t put section headers in separate text boxes like PPT prompts you to do, include them in the same box as their corresponding type. It’s a waste of time and doubles the amount of elements you potentially have to move/manipulate.

- Set up clear, evenly spaced columns. Overlapping, messy columns lead to confusion in text flow.

- San serif fonts (Arial, Helvetica, Tahoma) are easier to read from a distance than serif fonts (Times, Garamond). Titles, authors and headers (brief text of importance) should be bold. Only use uppercase for shorts blocks of type such as title or headers. Large amounts of uppercase text are difficult for the eye to read. Text should never be justified (flush left and right), this makes large amounts of text difficult to read.

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- If using photos, a brief description or title must be included explaining how it relates to your research or why you are using it.

- If after all text (body copy), tables & images are placed and there is not enough space, text size can be decreased up to 8-10 points to make more room. If text still doesn’t fit, consider condensing content. If there is too much space in your layout with all content placed, text size can also be increased up to 8-10 points to fill more area. Consider making poster area smaller if there is still too much dead space.