myasthenic crises (Pradhan, S. et al., 2009). Remdesivir, lopinavir, and ritonavir have not been reported to exacerbate MG. Since patients with severe COVID-19 occasionally require artificial ventilation and thus the application of muscle relaxants, and since muscle relaxants can deteriorate MG, it is crucial to know if the 40% in whom deterioration was observed were under artificial ventilation.

Concerning the notation that MG patients under immune-suppression or immune-modulation are prone to experience exacerbation of MG, there is one report about an immuno-suppressed MG patient who did not get infected from her infected relatives (husband, son) who both had developed mild COVID-19 (Rzepiński, L. et al., 2020).

Since the causes of death in MG patients with COVID-19 may be highly, variable we should be told which causes of death were identified in the 22 patients who deceased.

In conclusion, before attributing exacerbation of MG to an infection with SARS-CoV-2, all other possible causes, including newly administered drugs, need to be excluded as potential triggers of the exacerbation.

REFERENCES