

<b>Myasthenia gravis sub-groups by auto-antibody</b>			
<b>Main auto-antibody</b>	<b>Clinical presentation</b>	<b>Thymic histology</b>	<b>Presence of additional autoantibodies</b>
<b>AChR-MG</b> (acetylcholine receptor)	<p>Early onset (&lt;50yo), F&gt;M, ocular frequently → generalized</p> <p>Late onset (&gt;50yo), M&gt;F, generalized</p> <p>Thymoma-associated, onset at any age though more often &gt;50yo, generalized, severe disease</p>	<p>Hyperplasia</p> <p>Atrophy</p> <p>Thymoma</p>	<p>Rare</p> <p>Common (anti-titin, anti-RyR (ryanodine receptor))</p> <p>Common (anti-titin, anti-RyR, anti-actin, other muscle proteins)</p>
<b>MuSK-MG</b> (muscle-specific kinase)	Usually <50yo at onset, F>M, generalized, severe disease	Normal (hyperplasia in 23% of patients with MuSK-CBA (cell-based assay) antibody)	Rare
<b>LRP4-MG</b> (lipoprotein receptor-related protein 4)	Any age at onset, F>M, ocular or generalized, mild symptoms; severe in LRP4/AChR-positive or LRP4/MuSK-positive patients	Normal (hyperplasia in 31% of single positive patients and 67% of LRP4/AChR-positive patients; absence of thymoma)	Rare (anti-AChR or anti-MuSK)

Table 1. Myasthenia gravis sub-groups by type of auto-antibody, each with different clinical, thymic, and other autoantibody associations (adapted from Mantegazza)