

Expanding Awareness and Treatments for Pediatric Myasthenia Gravis

Myasthenia gravis (MG) is an autoimmune disease that can present at any age, but it is more common in adults. Pediatric providers may not think of MG when a teen presents with ptosis, a middle schooler is excessively tired at the end of the day, or a parent says their toddler can't keep up with their peers on the playground.

Fortunately, awareness of pediatric MG is growing among providers, according to Jonathan Strober, MD, a pediatric neurologist at UCSF Benioff Children's Hospital. He has been instrumental in this effort, starting the Pediatric Myasthenia Gravis Consortium, a registry of patients diagnosed with MG or congenital myasthenic syndrome (CMS) before age 18. With this registry, Dr. Strober and his fellow consortium members seek to enhance understanding of pediatric MG and CMS, optimize health outcomes, and expand therapy development. The consortium started with six centers around the country and aims to expand.

Along with growing awareness, there are also expanding treatment options for antibody-positive generalized MG (gMG), the most common form of the disease.

In 2025, the US Food and Drug Administration (FDA) approved two targeted, disease-modifying therapies for pediatric gMG: eculizumab (Soliris) for ages 6 years and older (AChR antibody-positive), and nipocalimab (Imaavy) for ages 12 and older (AChR or MuSK antibody-positive).

Soliris, developed by Alexion Pharma (now part of AstraZeneca), is a complement inhibitor that binds to complement protein C5 to prevent the complement cascade. Imaavy, developed by Momenta Pharmaceuticals (now part of Johnson & Johnson), is a neonatal Fc receptor (FcRN) inhibitor that reduces levels of circulating antibodies.

In addition, current clinical trials may lead to more treatment options for this population. Nipocalimab is being tested in patients as young as age 2 ([NCT05265273](#)), and there are several pediatric clinical trials of newer complement inhibitors ([NCT05644561](#), [NCT06055959](#)) and FcRN inhibitors ([NCT05374590](#)).

“The FDA has been insistent on having a pediatric arm for MG studies, which is wonderful,” Dr. Strober says. “I think that’s raised awareness, too.”

Resources

- [Pediatric Myasthenia Gravis Consortium](#)
- MDA’s [MG Treatment Fact Sheet](#)
- MDA’s [Myasthenia Gravis \(MG\) webpage](#)
- MDA’s Grand Rounds webinar: [Myasthenia Gravis: Clinical Features and Differential Diagnosis](#)