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Letter to the Editor

Sleep Apnoea as a Cause of Fatigue in Myasthenia Should only be Ruled Out if Appropriate Studies were Conducted and Confounding Variables Excluded

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Letter to the Editor

The article by Tchoudnovski *et al.* is interesting but requires further discussion.

First, the study relied, among other things, on five questionnaires ^[1]. Since questionnaires have several drawbacks, the reliability of the results is questionable. Because the results of these tests are based on self-report, they can be misleading. Sleep quality is most reliably assessed using polysomnography.

Second, current medication was not included in the analysis ^[1]. Since various medications can cause fatigue and depression as side effects, it is crucial to include medication in the analysis.

Third, patients with both ocular and generalized myasthenia gravis (MG) were included in the study ^[1]. Since ocular myasthenia is not usually associated with sleep-related breathing disorders, it should be clarified whether patients with ocular myasthenia actually suffered from sleep-related breathing disorders. Patients with ocular myasthenia should be excluded from the analysis.

Fourth, the study did not differentiate which myasthenia gravis-associated antibodies were elevated in the included patients. Were only patients with acetylcholine receptor antibodies included, or also patients with MUSK or LRP4 antibodies? Knowing the antibody type responsible for myasthenia gravis is crucial, as the clinical presentation and treatment response depend on the antibody type.

Fifth, it was not specified whether MG patients with or without thymoma were included, and how many patients had previously undergone thymectomy. This information is essential because thymomas can be associated with respiratory problems ^[2]. It is also conceivable that MG patients may experience postoperative respiratory complications after thymectomy.

Finally, the patients were recruited during the pandemic (April 2022–April 2023) ^[1]. Since SARS-CoV-2 infections can be associated with pulmonary and neurological manifestations such as dyspnea and fatigue ^[3], it is essential to know how many of the included patients were SARS-CoV-2 positive. According to the methods section, SARS-CoV-2 infection was not an exclusion criterion ^[1].

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