Authors' Reply

Dear Sir,

We thank author for their interest in our study.[1]

Our study compared 23 patients with muscle-specific tyrosine kinase (MuSK)-positive myasthenia (MuSK+ve MG) with 55 patients with acetylcholine receptor positive myasthenia (AChR+ve MG) and nine patients with double-seronegative myasthenia (DN-MG) and did not find any significant difference in terms of clinical characteristics, treatment response to immunosuppressants, long-term prognosis, and quality of life.[2]

The utility of antibodies for establishing the diagnosis of myasthenia is well established.

To the best of our knowledge, our study describes the clinical features of the fourth largest cohort of MuSK+ve MG from a single center. Also, it is the only study apart from Deymeer *et al.*[3] where a comparison is made with AChR+ve MG group and DN-MG group. We agree with author that it is still a small and ambispective study and the conclusion needs confirmation with a larger prospective cohort.[1] Until then, our study gives a different point of view viz. prognosis in MuSK+ve MG is not always grave. This is not a novel revelation. Guptill *et al.* in their description of the largest multicentric cohort of MuSK + ve MG patients ($n = 110$) also state that the long-term prognosis is favorable and comparable to AChR+ve MG patients.[4]

It is a well-known fact that there is no role of thymectomy in patients with MUSK+ve MG, so question does not arise about our discussion about thymectomy (only three MuSK+ve MG patients in our series underwent thymectomy—one had thymoma and other two were operated before 2000, i.e., prior to antibody testing). So, it is irrelevant to comment that we have not done an adequate literature search on this matter.

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Conflicts of interest
There are no conflicts of interest.

Priyanka Samal, Vinay Goyal

Department of Neurology, All India Institute of Medical Sciences, New Delhi, India

Address for correspondence: Prof. Vinay Goyal, Director Neurology, Room No 6, Neurosciences Institute, Medanta The Medicity Gurugram, Haryana. E-mail: drvinaygoyal@gmail.com

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