2004

The patient was diagnosed with **seropositive generalized primary bulbar MG without thymoma.** Therapy was initiated with **prednisolone 40 mg, azathioprine 150 mg, and pyridostigmine 60 mg** 4-6 times daily, and was stable for 12 months thereafter.

2005

First myasthenic crisis. Received acute treatment with **plasmapheresis**, then further therapy with prednisolone 15 mg, azathioprine 150 mg, and pyridostigmine 60 mg 4-6 times daily.

2006

Myasthenic crisis. Received plasmapheresis and azathioprine 150 mg and pyridostigmine 60 mg 4-6 times daily. The patient's condition worsened with increased prednisolone above 40 mg.

2007

Short-term worsening of MG.

2008-2009

MG was stable.

2010

Myasthenic crisis. Received plasmapheresis and continued original therapy.

2011-2013

MG was stable.

2014

Myasthenic crisis. Received neurointensive plasmapheresis, prednisolone 25 mg, azathioprine 150 mg, and **immunoglobulins**.

Since 2014, the patient received prednisolone 25 mg, azathioprine 150 mg, and pyridostigmine 60 mg and regular (every 4 weeks) intravenous immunoglobulins without significant success.

2015

In January, the patient received their first monoclonal antibody therapy (**rituximab** administered 2 times every 14 days), resulting in complete suppression of all CD19-20 cells without clinical improvement. Therapy was repeated.

In August, the patient experienced another myasthenic crisis, and received neurointensive plasmapheresis and intravenous immunoglobulins.

2016-2017

The patient received plasmapheresis, intravenous immunoglobulins, azathioprine, prednisolone, and pyridostigmine.

2017

Discontinued azathioprine due to **squamous cell carcinoma** on the back of both hands. Azathioprine replaced by **mycophenolate mofetil**. Since 2017, the patient experienced recurrent myasthenic crises.

2018

In 2018, the patient received **immunoadsorption** every 2-4 weeks due to recurrent myasthenic crises despite being treated with mycophenolate mofetil 3 g, prednisolone, and pyridostigmine.

2019

In March, the patient received their **first eculizumab treatment**.

2020

In April, **eculizumab treatment was stopped**, and the patient experienced another myasthenic crisis. In May, **eculizumab treatment was reinitiated**.

2021

MG was stable.

2022-2024

In 2022, the patient **switched to ravulizumab** (every 8 weeks) and the mycophenolate mofetil dosage was reduced, with stable MG since. The patient is currently being treated with ravulizumab and mycophenolate mofetil.