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<b>Abstract</b>	Although Myasthenia Gravis (MS) is the most common neuromuscular junction disorder, diagnosing it can be challenging. Initial symptoms often include ptosis and diplopia because ocular muscles are often the first affected. Our case sheds light on an unusual case of myasthenia gravis that presented multiple times to our emergency department for acute dehydration. This 25 year old male from an African American descent was admitted to the hospital for severe dehydration due to painful swallowing (odynophagia). After further evaluation, the patient was able to articulate that it did not hurt to swallow, but that he was unable to swallow because he could not coordinate his tongue movements (dysphagia). He was also reporting slurred speech (dysarthria), which prompted further investigation that eventually lead to the diagnosis of myasthenia gravis. This highlights a case of MS that was missed because of incomplete clinical presentation by the absence of more obvious ocular and skeletal muscle weaknesses.
<b>Learning Objectives</b>	1- Discuss relatively unique clinical presentation of Myasthenia Gravis 2- Identify a wider differential diagnoses during evaluating of dysphagia including Myasthenia Gravis
<b>References and Resources</b>	1. Silvestri NJ, W. G. (2012). Myasthenia gravis. Semin Neurol, 215-216. 2. Khan MK, P. S. (2010). Myasthenia gravis presenting as acute vocal cord paresis. BMJ Case Report. 3. Mustafa MS, M. M. (2018). Delayed Diagnosis of Atypical Presentation of Myasthenia Gravis. Eur J Case Rep Intern Med. 4. Grob D, B. N. (2008). Lifetime course of myasthenia gravis. Muscle Nerve, 141-9. 5. Rosai J, L. G. (1976). Tumors of the thymus. In Atlas of tumor pathology. Washington, D.C.: Armed Forces Institute of Pathology.
<b>Disclosures</b>	All authors and coauthors have no relevant financial relationships to disclose. The author does not intend to discuss an off-label/investigative use of a commercial product/device.