

Reinfection of Lyme Borreliosis Presenting as Lyme Meningitis

Yuyao Wang, MD., Tien-Chan Hsieh, MD., Gin Yi Lee, MD., Michael Martinelli, MD.



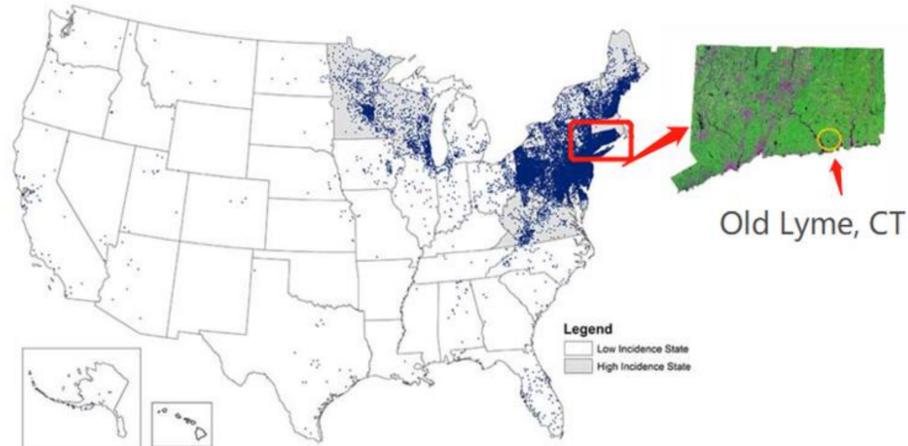
Department of Medicine, Danbury Hospital



INTRODUCTION

Lyme disease (LD), a condition originally identified in Lyme/Old Lyme, Connecticut, has various clinical manifestations and severity. Therefore, early diagnosis and treatment can be challenging even though it is the most common arthropod-borne infection. Here we present a case of Lyme borreliosis reinfection with atypical presentation.

Reported Cases of Lyme Disease — United States, 2018



1 dot placed randomly within county of residence for each confirmed case

Figure 1. Geographic distribution of human Lyme disease in the United States ⁴⁵

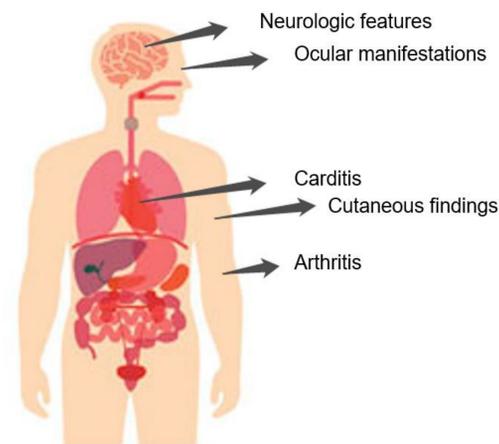


Figure 2. Clinical manifestations of human Lyme Disease ⁶

CONCLUSIONS

Our case highlights the importance of considering Lyme neuroborreliosis in LD endemic states.

✦ Lyme neuroborreliosis can occur within the disseminated or late disease stage.

Lyme neuroborreliosis has **various presentations** and **meningitis is the most common** form of central nervous system involvement.

Lyme meningitis usually presents similar to viral meningitis.

✦ Routine CSF analysis and image study cannot distinguish them. **Serology and CSF antibody and PCR can confirm the diagnosis.**

✦ Since it takes time for the antibody and PCR test to return, clinicians should have a high level of suspicion especially in the endemic area and initiate treatment **without WAITING.**

Case Description

A 43-year-old man from **Connecticut** with a past medical history of hypertension, obstructive sleep apnea, presented with **altered mental status** and **garbled speech**.

Initially, he started to have a fever at 38C with generalized weakness and diaphoretic. The following day, the patient was found out to be very confused and acted oddly. He stared into blank spaces and spoke gibberish.

He remained hemodynamically stable. Lab work was unremarkable. Chest X-ray and computed tomography scan of the head were normal. CSF analysis showed **leukocyte 100, glucose 77, and protein 71**. CSF PCR of enterovirus, HSV 1 and 2 were negative. HIV and syphilis were also negative. Further brain MRI did not find evidence of meningitis or encephalitis. The patient was empirically treated with acyclovir.

On further questioning, we learned that the patient had **two episodes of LD infections** after a witness tick bite with a classical bull eye sign. He completed the last treatment about five years ago. The CSF antibody index was positive. Serum *Borrelia burgdorferi* C6 Peptide Antibody assay was also positive. LD testing of Western Blot revealed IgG 10/11, IgM 2/3 positive, which was different from the previous result. This **confirmed the diagnosis of aseptic meningitis secondary to LD reinfection.**

The patient underwent **doxycycline treatment** for six weeks and his mental status gradually improved.

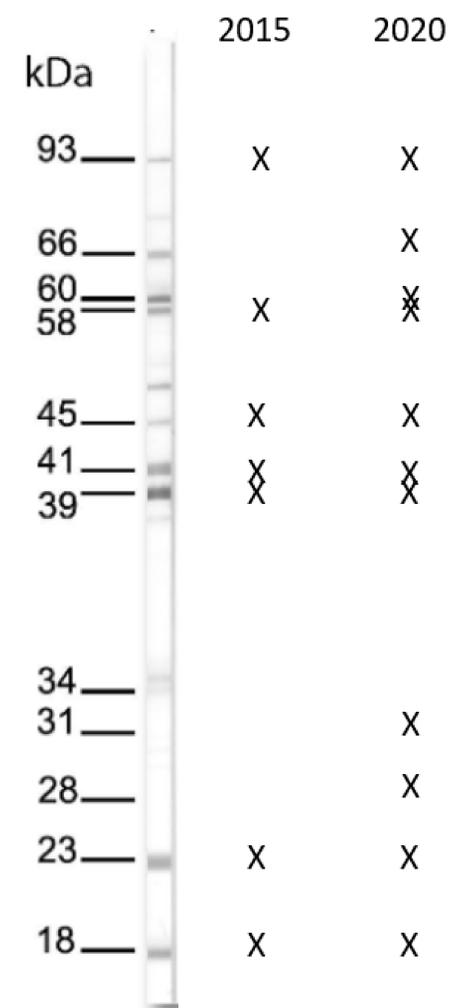


Figure 3. 2015 and 2020 Western blot results ⁷

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