Debilitating Consequences Resulting from an Undiagnosed Case of Lyme Disease

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ABSTRACT

A 32-year-old male experiencing extreme fatigue and low-grade fever visited his general practitioner weeks after his initial symptoms. The patient assumed the symptoms were stress related caused by working the night shift. His physician ordered routine blood work. The results were negative, including a Lyme enzyme-linked immunosorbent assay screen. It was recommended that the patient take it easy and try to get more sleep.

Despite getting more rest, the patient's symptoms continued, and several months later he began to experience neurological symptoms including migraines, blurred vision, and Bell's palsy. Physicians ruled out stroke, multiple sclerosis, and lupus. Despite multiple visits to various physicians, no definitive diagnosis was made. Finally, after 9 months, the patient was diagnosed with stage 3 Lyme disease and was treated with intravenous (IV) Rocephin for 3 weeks. Although IV antibiotics were administered, he continued to experience neurological symptoms for years, as well as cardiac involvement, including a mild heart attack. Unfortunately, 6 years later, the patient discovered a tick embedded in his chest that was sent to the Centers for Disease Control and Preventions and tested positive for Lyme disease. Once again, the patient was placed on IV Rocephin for 6 weeks. The initial misdiagnosis and the progression to stage 3 Lyme disease, plus becoming infected a second time with *Borrelia burgdorferi* (causative agent of Lyme disease), resulted in irreversible clinical manifestations. As a result, the patient continues to suffer from neurological, cardiac, gastrointestinal, bladder, prostate, and pulmonary issues, in addition to arthritis and osteoarthritis. This case report follows the patient's disease progression over the course of 28 years and emphasizes the need for a quick, accurate diagnosis to eliminate the devastating, irreversible consequences associated with stage 3 Lyme disease.

Clin Lab Sci 2019;32(3):98

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