Debilitating Consequences Resulting from an Undiagnosed Case of Lyme Disease Deborah Josko, PhD. MLT(ASCP)M,SM

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A 32-year old male experiencing extreme fatigue and low-grade fever payed a visit to his general practitioner weeks after his initial symptoms. He assumed it was stress related due to working the night shift. His physician ordered routine blood work. The results were negative including a Lyme ELISA screen. It was recommended that he take it easy and try and get more sleep. Despite getting more rest, his symptoms continued and several months later 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, he was diagnosed with Stage 3 Lyme disease and was treated with IV Rocephin for three 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, six years later he discovered a tick embedded in his chest which was sent to the CDC and tested positive for Lyme disease. Once again, he 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, he continues to suffer from neurological, cardiac, gastrointestinal, bladder, prostate and pulmonary issues in addition to arthritis and osteoarthritis. This case report will follow the patient's disease progression over the course of 28 years and will emphasize the need for a quick, accurate diagnosis in order to eliminate the devastating, irreversible consequences associated with Stage 3 Lyme disease.