

PubMed

U.S. National Library of Medicine
National Institutes of Health

Display Settings: Abstract

[Coll Antropol.](#) 2011 Jan;35 Suppl 1:313-8.

Tremor, seizures and psychosis as presenting symptoms in a patient with chronic Lyme neuroborreliosis (LNB).

[Markeljević J.](#), [Sarac H.](#), [Rados M.](#)

University of Zagreb, School of Medicine, Zagreb University Hospital Centre, Department of Internal Medicine, Zagreb, Croatia. jasenka-markeljevic@gmail.com

Abstract

Lyme borreliosis is a multisystem disorder caused by *Borrelia burgdorferi* (Bb). Neurological symptoms such as lymphocytic meningoradiculoneuritis (Bannwart's syndrome), cranial neuritis (II,III,IV,V,VI), encephalitis, transverse myelitis are found in about 10% of cases during the second phase of the disease. In the chronic stage, many months or years after the initial infection, other neurologic complications may occur, such as encephalomyelitis, epileptic crises, cognitive impairment, peripheral neuropathy and psychiatric disturbances such as depression, anxiety, panic attacks, catatonia, psychosis etc. Some patients continue to experience symptoms of fatigue, insomnia or psychiatric disorder in the post borrelia syndrome. We describe here a patient with a triad of unusual symptoms in chronic LNB including tremor, seizures and psychosis. Standardized medical interview, neurologic examination, neuroimaging, serum and CSF serology as well as EEG and EMNG evaluation were performed. The patient was treated with intravenous ceftriaxone and doxycycline and responded with rapid clinical and functional improvement. Nevertheless, he suffered from multiple systemic and neurologic sequelae that influenced his daily activities in post treatment period. Emphasis is placed on the atypical onset and evolution, the difficulties encountered in formulating diagnosis, early treatment and the uncertainties concerning the sequelae after treatment. In patients with non-specific long lasting symptoms in the absence of overt clinical signs suggesting CNS involvement, routine treatment with i.v. ceftriaxone is not to be encouraged.

PMID: 21648354 [PubMed - in process]

 [LinkOut - more resources](#)