We describe 3 patients with small bowel obstruction who received empirical treatment with albendazole in which intestinal resection was not necessary. This report is the first to show a possible therapeutic benefit for albendazole treatment for patients with intestinal obstruction caused by *Anisakis* parasites.

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**False-Positive Serological Test Results for Lyme Disease in a Patient with Acute Herpes Simplex Virus Type 2 Infection**

Str—False-positive results of serological tests for Lyme disease have been reported in cases of recent primary infection with varicella-zoster virus [1, 2], Epstein-Barr virus [3,4], and cytomegalovirus [3]. We report the first association of false-positive results of serological testing for Lyme disease with infection due to another of the herpesviruses, herpes simplex virus (HSV) type 2.

A previously healthy 27-year-old woman developed tender bilateral inguinal lymphadenopathy in mid-May 2005, followed 1 week later by dysuria and headache. She self-treated with nitrofurantoin for a presumptive urinary tract infection, but soon thereafter, she developed acute urinary retention requiring Foley catheter decompression and subsequent intermittent self-catheterization. The patient was sexually active with 1 male partner and had no prior history of sexually transmitted diseases. She resided in New York City and denied recent travel to wooded areas, had no pets, and recalled no tick or other insect bites. Other than tender bilateral inguinal lymphadenopathy, the findings of a physical examination (including a pelvic examination) were unremarkable.

Two weeks after the appearance of inguinal lymphadenopathy, the results of serological testing for HSV were positive for IgM antibody according to EIA screening, with a confirmatory immunofluorescent antibody titer strongly positive (titer, >1:160) (Quest Diagnostics); the patient’s samples were negative for HSV-1 IgG and equivocal for HSV-2 IgG by ELISA (0.92; index values, 0.00–0.89) (Quest Diagnostics). Cultures of samples obtained from the genitals were negative for gonorrhea and chlamydia; the results of HIV testing, a rapid plasma reagin antibody test, and heterophile antibody testing were also negative. The patient was treated with oral acyclovir for presumptive acute primary HSV-2 infection.

In further work-up for lymphadenopathy, a serological test for Lyme disease was performed. The results of this test were positive for IgM (12.6; index value, <1) and negative for IgG and IgA by antibody-capture EIA for *Borrelia burgdorferi*; the results of testing for IgG antibodies by immunoblot were interpreted as negative (i.e., there was reactivity to <5 antigens) (Imugen). The patient was not treated for Lyme disease, and an additional serological test for antibodies associated with Lyme disease was performed 12 days after the first specimen was obtained. To eliminate the effects of between-run variation, the initial specimen was retrieved from the frozen archive and was retested concurrently with the testing of the follow-up specimen. The presence of IgM reactive with antigens of *B. burgdorferi* was confirmed in both specimens, but in the follow-up specimen, the level of IgM was decreased, there was still no IgA or IgG reactive to antibodies associated with Lyme disease (antibody-capture EIA was used to test for all 3 isotypes), and an IgG immunoblot had negative results. In contrast, additional serological testing for HSV was performed 18 days after initial testing, and ELISA results were positive for HSV IgM (3.83; index value, 0.00–0.89) and positive for HSV-2 IgG (8.89; index value, 0.00–0.89) (ARUP Laboratories), which was consistent with recent primary HSV-2 infection. Six weeks after initial development of symptoms, the patient was voiding without difficulty, and her inguinal lymphadenopathy was regressing.

In a patient with suspected Lyme disease who was followed-up but not treated for Lyme disease for >1 week, failure of the anti-*B. burgdorferi* antibody response to progress is strong evidence against infection with *B. burgdorferi* [4] and indicates the need for an alternative diagnosis. We report a case of acute primary genital HSV-2 infection and have shown it to be associated with a biological false-positive IgM result of a serological test for Lyme disease. Recent primary HSV-2 infection should be considered as a cause of cross-reacting IgM-class anti-*B. burgdorferi* antibody.

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