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References


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Lyme borreliosis: the need for more research

Sir,

The recent paper by White et al.1 is notable on a number of counts and adds weight to the calls for further research that Lyme Disease Action has been making for some years.

The abstract, quoting a definite improvement in 28% of patients might mislead. It is worth drawing clinicians’ attention to the fact that those who had longer treatment than recommended by published guidelines fared best with 61% showing a definite improvement against only 20% of those treated with conventional courses. The results are ‘conflicting’ because they cast doubt on the appropriateness of existing Lyme disease guidelines when applied rigidly to the ‘real world experience’ of clinical practice. It is reassuring to a patient charity that some clinicians are clearly prepared to use clinical judgement to determine the most effective treatment for their patients.

The authors quote other papers commenting that there are no substantiated reports of late stage neuroborreliosis that remain seronegative and appear to have found only two reports of apparent seronegative late Lyme disease with other manifestations. White et al. reported that, discounting those patients treated with prolonged antibiotics, 23% of the seronegative patients and 20% of the seropositive patients showed a definite improvement. The numbers concerned, however, are small (3 and 9, respectively) and follow up varied.

In the UK, this is the second paper in as many years2 to report the recovery of patients with negative serology, but both papers have been reports of retrospective studies. Without an attempt at culture or the use of molecular diagnostics, it is not possible to tell whether the seronegative patients were suffering from Lyme disease, another bacterial infection or indeed whether their recovery was coincidence. A prospective study making use of available tools might cast light on this under-researched area. If this is not attempted, clinicians will continue to make uninformed decisions in seronegative cases.

The unexpectedly high rate of neutropenia is surprising, and one is left wondering whether this is in some way related to the cohort of patients, rather than the treatment per se. Were other tick-borne infections considered: anaplasma, for example, which can cause neutropenia?

Overall, the paper is a welcome window into the realities of UK treatment for tick-borne disease generally and Lyme disease in particular. Both the recovery of seronegative patients and the good outcome of those treated with longer courses of antibiotics highlight the uncertainties faced by both doctors and patients: something we are addressing with our current project with the James Lind Alliance.3

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