Lyme Without Erythema Migrans Is Not So Rare

SNOWMAES, COLO. — Lyme disease patients without erythema migrans were thought to be rare—until they showed up frequently in a large trial of the Lyme disease vaccine. Linda E. Bockenstedt, M.D., said at a symposium sponsored by the American College of Rheumatology.

In that trial, 269 cases of Lyme disease were detected by serum assay, of which 42, or about 16%, involved patients without erythema migrans. However, those patients did have other symptoms, such as malaise, fever, myalgia, migratory arthralgias, ocipital headache, and neck stiffness. They did not have any typical cutaneous symptoms, such as crouth.

Additionally, Dr. Bockenstedt, of the rheumatology section at Yale University, New Haven, Conn., noted that there may soon be a way to monitor Lyme disease treatment.

A new enzyme-linked immunosorbent assay for Lyme disease, the C6 ELISA (Immunotech Inc.), tests for a single small peptide expressed by the Borrelia burgdorferi spirochete, during active infection, instead of the whole organism.

Research has shown that antibody titers to this antigen drop fourfold in an infected individual has been successfully treated. Dr. Bockenstedt added that forthcoming study results will confirm that an infected individual can be accurately detect a drop in the antigen level.

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Test Suspected Lyme Borreliosis in Children

WRSAW — While erythema migrans is the presenting manifestation of Lyme borreliosis in the majority of cases, nonspecific symptoms predominate in many infected children.

Thus, serologic testing should be considered for these children who have a history of tick bite or who have visited a wooded area, Dr. n. med. Ewa Duszczyk said in a poster at an international con- gress of the World Society for Pe- diatric Infectious Diseases.

A group of 171 children with suspected Lyme borreliosis who ranged in age from 6 months to 17.5 years underwent serologic testing with an enzyme-linked im- munosorbent assay (ELISA). A to- tal of 115 (66%) had a history of tick bite, and 60 (35%) had visited a wooded location.

They were divided into two groups: those with erythema mi- granus (104 children) and those with nonspecific symptoms such as other skin lesions, lymphadenopathy, fever, and pain and/or edema of the skin (67 children).

In the group with erythema mi- granus, 74 children were seroposi- tive, 72 with IgM antibodies to Bor- relia burgdorferi, 17 with IgG antibodies, and 13 with both anti- bodies, noted Dr. Duszczyk and her colleagues in the department of children’s infectious diseases, Medical University of Warsaw.

In the group with nonspecific symptoms, antibodies were de- tected in 16 (24%) children. Of these, IgM antibodies were detect- ed in 13 children, IgG in 5, and both IgM and IgG in 2.

All children were treated to symptom resolution. In 36 seropos- itive children, serologic testing was repeated after 2-20 months; all showed a decline in IgM levels. In three cases followed for 13, 16, and 20 months, respectively, IgM anti- bodies were still present, but no clinical symptoms remained.

Serology can be used to monitor treatment to some extent, but the persistent presence of antibodies does not necessarily indicate treat- ment failure, she cautioned.

In another poster session, Pr. dr hab. Teresa Wozniakowska- Gesicka noted that in a series of 87 children with confirmed Lyme borreliosis, only 57.4% had a his- tory of contact with a tick.

In 42.5% of the infected chil- dren, symptoms were nonspecific, whereas in 28.7%, neuroborrelio- sis was diagnosed with symptoms that included facial palsy, mening- gitis, crinal nerve palsy, arethesia, radiculoneuritis, and mental disturbances. Erythema migrans and neuroborreliosis were observed in 19.5%, arthritis in 9.3%, reported Dr. Wozniakowska-Gesicka of the de- partment of pediatrics, Polish Mother’s Hospital, Lodz, Poland.

Acrodermatitis chronica acrotoph- icans is seen primarily in European borreliosis, and is usually associat- ed with infection in B. afzelii. Early diagnosis and treatment are needed in this serious diagnos- tic and therapeutic problem, Dr. Wozniakowska-Gesicka said. —Timothy F. Kirk

Elderberry Extract for Influenza

In a double-blind, placebo-controlled trial, 60 symptomatic influenza pa- tients from four primary care sites in Norway were randomized to receive the proprietary formulation Sambucol (Razei Bar, Jerusalem)—which con- tains 18% elderberry extract plus small amounts of raspberry extract, glucose, citric acid, and honey—or a placebo syrup. They started the medication within 48 hours of symptom on- set, taking 15 ml of the syrup four times a day for 5 days.

Influenza A virus was isolated from 54 of the patients; influenza B was isolated from the other 6. All patients had a fever of at least 38°C.

Rescue medication consisting of oral acetam- inophen and a nasal decongestant was per- mitted when needed.

The primary study outcomes were 40 visual analog scale (VAS) scores for aches and pains, cough, mucus discharge, nasal conges- tion, and quality of sleep, as rated by the patient. At baseline there were no differences in VAS scores between the active treatment group and the placebo group, but by day 4, scores in the elderberry group were 9 or greater for aches and pains, quality of sleep, mucus dis- charge, and nasal congestion, with 10 indicat- ing the best outcome. By day 5, the mean VAS score for aches and pains was 9 in the elder- berry group. These levels of improvement were not seen in the placebo group until days 7.8 (J. Intern. Med. Res. 2004;32:132-40).

Significant improvements on global evalua- tion scores were seen in the active treatment group by a mean of 3.1 days, while in the placebo group this was achieved after a mean of 7.1 days.

Among patients in the active treatment group, seven used acetaminophen and five used the decongestant nasal spray, while the corresponding figures in the placebo group were 26 and 21, respectively. No patients in ei- ther group reported adverse events, and all re- covered by day 8.

The study was sponsored by the manufac- turer of Sambucol.

An earlier study randomized 27 Israeli adults and children to a preventive elderberry group for 3 days during an outbreak of influenza B Panama in 1993. The adult dose was 4 tablespoons per day, while the pediatric dose was 2 tablespoons per day. Significant symptom improvements were seen in 93.3% of patients within 3 days; 91.7% of patients in the placebo group had significant improvement by day 6. Significantly higher hemagglutination inhibition titers to influenza B were also seen in the active treatment group (J. Altern. Complement. Med. 1995;1:361-9). —Nancy Walsh