antibiotics, DMARDs, or corticosteroids. If arthritis persists for 3-4 months, or two to four inpatients received oral methotrexate.

Polymerase chain reaction (PCR) therapy (primarily hydroxychloroquine) was an additional month of oral doxycycline, an additional month of oral doxycycline, and intra-articular steroids, but not hydroxychloroquine was offered, if needed. Arthritic arthritis in the late 1970s “before the etiologic agent of Lyme disease was known,” he said.

Because Lyme arthritis eventually resolves even without antibiotic therapy, he and his colleagues also sought to determine whether an antibiotic therapy altered the natural course of the disease in patients with antibiotic-refractory arthritis.

They compared the current findings to those of 21 patients treated with DMARDs. DMARD therapy (primarily hydroxychloroquine) was added to the regimen if polymerase chain reaction (PCR) testing was negative for Borrelia burgdorferi. In this study, the median total time of arthritis episode was 4 and 16 days of antibiotics (including 30 days of intravenous antibiotic regimen is repeated for a median of 9 months. One of the 67 patients with refractory arthritis had an additional month of intravenous antibiotic therapy if PCR testing for B. burgdorferi is positive.

Borrelia burgdorferi DNA are negative. Patients with symptomatic myopericarditis or advanced heart block associated with Lyme disease should be hospitalized and monitored, and temporary cardiac pacing may be required until the atrioventricular block resolves. Late neurologic Lyme disease should also be treated with ceftriaxone.

Confinement with HGA or babesiosis may be considered when a patient has more severe initial symptoms or does not improve as expected with appropriate initial antibiotic therapy, and the patient lives or has traveled in geographic areas where these infectious agents are endemic.

Acute and convalescent sera are the most sensitive tests for the diagnosis of HGA. Doxycycline is recommended for treatment, which should be initiated without waiting for serology results. If fever persists for more than 48 hours after initiation of antibiotics, an alternative diagnosis or coinfection with babesia should be considered.

Thin blood smear examination for parasites and babesia DNA polymerase chain reaction are the best tests for babesiosis in symptomatic patients. Acute and convalescent sera may be used to confirm the diagnosis. Antimalarials (atovaquone plus azithromycin, or clindamycin plus quinine) are used for the treatment of babesiosis.

Patients with severe cases may require partial or complete RBC exchange transfusion.

Reference


Antibiotics, DMARDs, or corticosteroids. If arthritis persisted for 12-24 months, they underwent arthroscopic synovectomy. In the remaining 45 patients, DMARD therapy (primarily hydroxychloroquine) was added to the regimen if polymerase chain reaction (PCR) testing was negative for Borrelia burgdorferi. In this study, the median total time of arthritis episode was 4 and 16 months, respectively.