

Alternative Considerations for “Common Misconceptions About Lyme Disease”

To the Editor:

Alternative considerations are presented for the article “Common Misconceptions About Lyme Disease.”¹ Are serology tests for Lyme disease reliable? Enzyme-linked immunosorbent assays may provide false-negative results not only because of the time delay for the patient’s immune system to produce the antibodies but also because the various enzyme-linked immunosorbent assays are intrinsically unreliable.²

The Western blot is more specific and reliable; however, many laboratories omit bands 31 (outer surface protein A) and 34 (outer surface protein B).³ These 2 bands are specific for the Lyme spirochete. They were included in the Lyme disease vaccine when it was available. Their omission may result in a false-negative Western blot test result.

Is there a rationale for longer treatment course? The most important factor determining the distinction between acute or chronic Lyme disease is the interval between the inoculation and the beginning of effective treatment.

Prompt initiation of antibiotic therapy in the proper dose and duration will cure acute Lyme disease and prevent the development of chronic Lyme disease. Delayed or inadequate treatment for persons with Lyme disease is not infrequent. The reasons for the delay vary; often the person cannot recall any tick bite or the characteristic erythema

migrans may be minimal and totally ignored. The initial systemic symptoms may be attributed to a viral illness. In such circumstances, treatment may be delayed until other manifestations of the Lyme disease become apparent. This delay is critical in determining the ultimate duration of the Lyme disease in each patient!

Laboratory experiments to simulate delayed or inadequate treatment for Lyme disease have been published.⁴ The consequences of delayed treatment confirm the persistence of viable *Borrelia burgdorferi* organisms after subsequent adequate antibiotic treatment. The evidence for their persistence is confirmed by culture, polymerase chain reaction, and xenodiagnoses. The surviving *Borrelia burgdorferi* organisms become more difficult to eradicate because they become cystic in their configuration and less penetrable by antibiotics.⁵

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