

Chronic inflammatory demyelinating polyneuropathy (CIDP) case resolved with antibiotics

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The woman presented with asthenia, weakness, and diffuse paresthesias. The electromyography assessment showed mild demyelination. Lyme disease was ruled out based on negative serum and cerebrospinal fluid serologic tests.

Intravenous immunoglobulin treatment was performed 8 times for CIDP with subsequent partial response and relapse.

Chronic inflammatory demyelinating polyneuropathy is a neurological disorder in which there is inflammation of nerve roots and peripheral nerves and destruction of the fatty protective covering (myelin sheath) over the nerves. It causes progressive weakness and impaired sensory function in the legs and arms. [3]

Lyme disease was diagnosed 10 months after the onset of the clinical symptoms when a serum polymerase chain reaction analysis disclosed the presence of *Borrelia* (100 copies/mL).

The woman, who was then treated successfully with 6 weeks of doxycycline and hydroxychloroquine, showed “a dramatic clinical improvement” with a complete disappearance of neurologic signs, [according to Perronne](#).

The authors advised against automatically ruling out Lyme disease based on negative serologic tests. “In our opinion, Lyme formal serology negativity is insufficient to rule out early (erythema migrans) and late chronic Lyme disease diagnosis.”

References:

1. Perronne C, Lacout A, Marcy PY, El Hajjam M. Errancy on Lyme Diagnosis. *Am J Med.* 2017;130(5):e219.
2. Cameron DJ. Consequences of treatment delay in Lyme disease. *J Eval Clin Pract.* 2007;13(3):470-472.
3. National Center for Advancing Translational Sciences. <https://rarediseases.info.nih.gov>.

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