A 51-year-old man in the United Kingdom was hospitalized with retrosternal, dull chest pain. He had a history of palpitations, dizziness, and sweating and a previous transient ischemic attack.[1] He presented with a heart rate of 180 with right bundle branch block, a superior QRS axis, and signs of atrioventricular dissociation. His cardiac workup led to a diagnosis of fascicular ventricular tachycardia. The patient was converted to normal sinus rhythm by initially by adenosine boluses followed by Amiodaron.

In a letter to the editor, an infectious disease specialist summarized the types of questions that would have been helpful in understanding whether Lyme disease played a role with their patient. [2]

“Tell us more about your 51-year-old man with unexplained right bundle branch block and regular broad complex fascicular tachycardia. At what time of year did he develop the arrhythmia? If he had dogs or enjoyed the great outdoors, might he have Lyme carditis due to Borrelia spirochetes?” writes Murray-Leisure.

The treatment would have changed if the Lyme disease played a role in the 51-year-old carditis. "If so, amiodarone and anti-arrhythmic drugs might be given with Lyme antibiotics, such as intravenous ceftriaxone and at least 3 weeks of oral doxycycline," explains Murray-Leisure.

It is encouraging that the *American Journal of Medicine* included a dialogue about the potential involvement of Lyme disease in a disease as commonplace as cardiac arrhythmia.

This report reminds doctors of the need to include questions about Lyme disease even in patients presenting with common illnesses.

References: