

## Neurologic Lyme disease presenting as abdominal pain in 71-year-old patient

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The 71-year-old woman underwent an exhaustive evaluation to determine the cause of her abdominal pain. Tests included: CT scan of the chest and abdomen; whole body emission tomography-CT scan (PET-CT); colonoscopy; gastroscopy, and an MRI of the small intestines.

Case report: Abdominal pain is the first clinical manifestation of Neurologic Lyme disease in elderly woman.

She was admitted for pain management and other diagnostic workups. Eight weeks prior to her hospitalization, she experienced temporary lower back pain, myalgia, fever, burning sensations and tenderness on her head and upper legs and moderate abdominal pain. Several weeks later, her abdominal pain worsened.

“Going over the history again, she emphasized that she had stayed in a high endemic area for ticks and had suffered a possible tick bite without any sign of erythema migrans,” [writes Stolk and colleagues](#).

Serologic testing and a spinal tap were consistent with Neurologic Lyme disease. The spinal tap revealed an elevated IgM antibody to *Borrelia burgdorferi* (*Bb*), a lymphocytic pleocytosis, markedly elevated IgM antibody index to *Bb*, and markedly elevated IgG antibody to *Bb*.

The authors point out that “Since the incidence of LD is rising it is important to realise that severe abdominal pain could be the first clinical manifestation of early [neuroborreliosis](#).”

The woman was prescribed a two-week course of intravenous ceftriaxone. And, the abdominal pain resolved.

This case demonstrates the importance of re-examining a patient’s history when symptoms cannot be explained. “Instead of doing extensive diagnostic tests, it is important to scrutinize the patient’s medical history in the presence of unexplained clinical signs,” the authors conclude.

Stolk and colleagues note: Abdominal pain in the presence of facial paralysis has been described in Europe as Bannwarth syndrome.

Editor’s note: I often see Lyme disease patients in my practice who present with abdominal pain severe enough to warrant extensive diagnostic testing before Lyme disease is suspected.

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[Long-term problems for some Lyme neuroborreliosis patients](#)

[What happens to the brain during acute Lyme neuroborreliosis?](#)

[Ever wonder what is happening in the brain of Neurologic Lyme disease patients who remain ill after treatment?](#)

**References:**

1. Stolk JM, van Nieuwkoop C, van der Voorn M, van Erp S, van Burgel ND. Ticking off diagnoses of abdominal pain: early neuroborreliosis with radiculopathy. Neth J Med. 2018;76(7):336-338.

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