

6 cases of Babesia in early Lyme disease

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Out of the 52 patients, 4 (7.7%) “had convincing evidence of *Babesia microti* co-infection,” [writes Wormser](#). These patients, along with 2 additional cases of suspected *Babesia*, were highlighted in the article.

Patient 1: 69-year-old with fever on day 4 of amoxicillin therapy. Positive for *B. microti* by blood smear and DNA by PCR.

Patient 2: 58-year-old with fever before development of a single erythema migrans lesion. Positive for *B. microti* DNA by PCR.

Patient 3: 61-year-old without fever with thrombocytopenia and anemia. Two days after starting treatment for Lyme disease, the patient was positive for *B. microti* DNA by PCR.

Patient 4: 45-year-old with febrile illness with an acute-phase titer of <1:64 followed by a convalescent-phase IgG titer of 1:512.

Patient 5: 54-year-old without fever with an acute-phase titer of <1:64 followed by a convalescent-phase IgG titer of 1:512.

Patient 6: 32-year-old without fever with an acute-phase titer of <1:64 followed by a convalescent-phase IgG titer of 1:512.

Three of the six patients were treated for active babesiosis. And all of the patients recovered from Lyme disease.

“Our finding of *B. microti* co-infection documents the increasing clinical relevance of this emerging infection,” the authors write.

Editor’s concerns:

1. The authors did not discuss whether the 6 patients recovered from *Babesia*.
2. The study excluded patients with extracutaneous symptoms and may have inadvertently excluded the more severe *Babesia* cases.
3. The study was not designed to determine if *Babesia* might develop later since the mean convalescent-phase blood sample was 16.7 days [range 7–30 days].

Related Articles:

[Babesia remains a clinical diagnosis for some patients](#)

[Healthy people may be unaware they are infected with Babesia](#)

[Case series shows wide range of Babesia symptoms and presentations](#)

References:

1. Wormser GP, McKenna D, Scavarda C, et al. Co-infections in Persons with Early Lyme Disease, New York, USA. Emerg Infect Dis. 2019;25(4):748-752.

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