

Clinical judgment leads to successful Lyme disease treatment in young child

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A 6-year-old child presented to her pediatrician with a circular rash on the left side of her face. The pediatrician initially assumed the rash was allergic dermatitis and prescribed topical steroids. But the rash did not improve, explains Banadyha and colleagues in their case report.

Over the next 1½ months the rash spread to the back of the head, and the child began exhibiting systemic manifestations including malaise and a low grade fever of 37.7 °C. The initial enzyme-linked immunosorbent assay (ELISA) test for Lyme disease was negative.

There was no history of a tick bite and no joint or neurologic complaints. But clinicians suspected Lyme disease, given that the child lived in an endemic region, [the authors explain](#).

Based on clinical judgment, the 6-year-old was treated with oral cefuroxime, as recommended by the [International Lyme and Associated Diseases Society \(ILADS\) guidelines](#).

Two weeks after starting antibiotics, Lyme disease was confirmed with a positive IgG Western blot test.

"The girl remained asymptomatic even after a 1.5-year follow-up," the authors write.

The authors came to three conclusions:

1. An erythema migrans [rash] may precede the development of detectable antibodies.
2. Patients with erythema migrans who live in endemic areas for Lyme disease can be diagnosed without laboratory testing.
3. A tick bite is not necessary to make a diagnosis of Lyme disease.

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[Why ILADS treatment guidelines are important](#)

References:

1. Banadyha N, Rogalskyy I, Komorovsky R. A case of diagnosis of Lyme disease in the absence of a tick bite. *Pediatr Neonatol*. 2019.

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