

COVID-19: When Lyme disease and tick-borne illnesses may not be considered

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The woman presented with fever, myalgias, diarrhea, and a dry cough.

[The authors discuss the risk of premature closure](#) in such cases. “Premature closure refers to forming a conclusion and stopping the diagnostic assessment too early in the diagnostic process, in which case alternative possibilities may not be explored and the wrong diagnosis may be made.”

“This type of cognitive bias can become more common when time for clinical work is limited,” they warn. “One of the best ways to avoid premature closure is by developing a differential diagnosis.”

Fortunately, the doctors considered a tick-borne infection as part of their differential diagnosis. Anaplasmosis was detected by a positive PCR test.

The woman responded well to treatment with doxycycline.

Of note, 2 weeks before her illness, the woman had left her home with her son to eat outdoors and spent time in a wooded area.

Editor’s note: I have seen patients in my practice with Lyme disease whose doctors appear to form a conclusion and stop the diagnostic assessment too early in the diagnostic process.

Related Articles:

[Atypical findings in Lyme disease makes diagnosing difficult](#)

[Study shows doctors can misdiagnose Lyme disease](#)

[Podcast: Anaplasmosis in the brain](#)

References:

1. Vyas, Jatin M. A Castle, Alison C. A Bourgouin, Patrick P. A Turbett, Sarah E. T Case 9-2022: A 56-Year-Old Woman with Fever, Myalgias, Diarrhea, and Cough D 2022/03/23 J New England Journal of Medicine. P 1166-1174, V 386 N 12 R 10.1056/NEJMcp2115846
<https://www.nejm.org/doi/full/10.1056/NEJMcp2115846>

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