

## Lyme carditis diagnosis during a COVID-19 quarantine

Thursday, July 08, 2021

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A 42-year-old man from New York City received a Lyme carditis diagnosis after quarantining in upstate New York during the COVID-19 pandemic. The case is discussed in the article [“A curious case of Lyme carditis in an urban hospital.”](#) by Brissett et al.<sup>1</sup>

“Lyme carditis was a surprise diagnosis in our hospital due to the patient’s geographical dislocation during the COVID-19 pandemic,” writes Brissett.

In an effort to remain safe during the COVID-19 pandemic, the man sheltered at an upstate New York residence. During this time, he noticed a tick bite.

Two weeks later, he was admitted to the emergency room of an NYC hospital with “progressively worsening generalized weakness, presyncope and dyspnea on exertion.”

In addition, the patient was diaphoretic (excessive sweating) and appeared anxious when admitted to the ER. “Asystole was also noted on telemetry leading to a transient loss of consciousness,” the authors explain.

The man “had marked bradycardia at 30 beats per minute and hypotension.”

Two days prior to presenting to the ER, the patient had developed a Bull’s-eye rash, which extended from his back to his thigh.

An EKG revealed third-degree heart block with ventricular escape rhythm.

### Delayed Lyme carditis diagnosis worsens outcome

The patient’s condition quickly worsened, and he went into cardiac arrest.

He was resuscitated and a temporary transvenous pacemaker was implanted.

“Cardiac arrest is rare, and mortality extremely uncommon,” the authors explain. “Of the rare case fatalities reported, delay in recognition was the main factor leading to a poor outcome.”

Young and colleagues agree. [“Patients with Lyme carditis often have missed or late diagnoses,](#) which can result in unnecessary pacemaker implantations, complications, and even fatalities.”<sup>2</sup>

The patient’s test results were positive for Lyme disease on the ELISA, IgG Western blot, and IgM Western blot. Troponin and COVID-19 tests were negative.

After 3 days of treatment with IV antibiotics (ceftriaxone), EKG results were normal. He was later prescribed oral doxycycline and had a complete recovery.

## **Author's Takeaway:**

“This case is unique due to its occurrence in an urban hospital where such cases are uncommon.”

“Our case highlights the rapidly progressive nature of the illness [Lyme carditis] and the rapid rate of recovery when timely intervention is instituted.”

“With appropriate use of antibiotic and temporary pacemaker placement, our patient had resolution of his symptoms and had a remarkable recovery.”

### **Related Articles:**

[Podcast: 3 deaths associated with Lyme carditis](#)

[Patients die when Lyme carditis is not treated](#)

[Lyme carditis presenting as atrial fibrillation treated successfully](#)

### **References:**

1. Brissett S, Myint KT, Lopez Y, Raiszadeh F, Sivapalan V, Kurian D. A curious case of Lyme carditis in an urban hospital. IDCases. 2021;25:e01179. doi:10.1016/j.idcr.2021.e01179
2. Sympascho Young, MD Omair Arshad Yasemin Arikan, MD Yazdan Mirzanejad, MD. Lyme carditis: A can't miss diagnosis. BCMJ, vol. 62 , No. 10 , December 2020 , Pages 368-372.

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