

Is suppressing immune system harmful to Lyme patients?

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The authors compared 16 individuals receiving TNF- α inhibitors with 32 healthy controls. The individuals had confirmed Lyme disease with an erythema migrans rash manifestation. The patients received immune-suppressing medications, which included adalimumab, infliximab, etanercept, golimumab. These were often combined with other immunosuppressant drugs for rheumatic (13 patients) or inflammatory bowel (3 patients) disease.

Investigators found that, when compared to controls, patients receiving immunosuppressants had:

1. frequent comorbidities other than immune-mediated diseases (62.5% vs. 25%)
2. symptoms/signs of disseminated Lyme borreliosis (18.8% vs. 0%)
3. treatment failure (25% vs. 0%).

In fact, 4 out of 16 (25%) Lyme disease patients treated with immunosuppression therapy failed treatment. Three of these four patients required retreatment. One of them was quite ill.

"The immunocompromised patients were also more likely to fail treatment than patients who were not immunocompromised," writes Maraspin.

The fourth patient, a 44-year-old man, remained well until his 6-month follow-up visit. But, "7 months after beginning antibiotic treatment he developed severe arthralgia, fatigue and back pain," [writes Maraspin in the *Journal of Clinical Medicine*](#).

A specialist was consulted but could not confirm whether the man had a relapse of rheumatoid arthritis. He remained ill for the next 5 months. And tests revealed his IgG antibody to VlsE borreliacidal antigens rose from 542.1 to 1462.0 AU/mL.

His symptoms improved following re-treatment with the antibiotic, ceftriaxone.

The authors recommended regular follow-up visits to carefully monitor immunocompromised Lyme patients.

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References:

1. Bransfield RC, Friedman KJ, Differentiating Psychosomatic, Somatopsychic, Multisystem Illnesses and Medical Uncertainty. Healthcare 2019, 7(4), 114.

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