
The patient did not recall a tick bite or a rash. And, “Although Lyme carditis was on the differential diagnoses list, it was not considered high enough due to the initial rhythm being AF and not [atrioventricular ] AV block,” writes Shabbir and colleagues.

The man was treated with metoprolol and released from the hospital after his heart spontaneously reverted back to normal sinus rhythm.

However, 4 days later the patient returned to the hospital.

“ECG now exhibited atrioventricular (AV) mobitz-II block alternating with intermittent complete heart block (CHB) on telemetry confirmed with ECG,” writes Shabbir.

He was tested for Lyme disease and treated empirically with intravenous ceftriaxone. Within 48 hours, his symptoms began to improve.

Lyme disease tests came back positive. And 1 month later, after antibiotic therapy, his heart rhythm had returned to normal.

The authors' key learning points include:

1. Consider the unusual initial presentation of Lyme disease as atrial fibrillation.
2. Keeping Lyme carditis in the differential diagnoses when someone from a Lyme-endemic area presents as supraventricular arrhythmia (atrial fibrillation/flutter).
3. Initiating appropriate antibiotic therapy empirically without waiting for the Lyme serologies if the clinical suspicion is high.

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