

Re: Any connection between ARDS and Lyme?

Source: <http://sci.tech-archive.net/Archive/sci.med.diseases.lyme/2004-07/0186.html>

From: A_Weisman (a_weisman_at_yahoo.com)

Date: 07/09/04

Date: 9 Jul 2004 01:16:16 -0700

"Jan" <rangoons.one@verizon.net> wrote in message
news:<6rmHc.14911\$Xb4.5377@nwrndny02.gnilink.net>...

> *Does anyone have any information regarding Acute Respiratory Distress
> Syndrome and Lyme Disease? I met someone who has ARDS and has also been
> diagnosed with CFS and fibromyalgia. I couldn't help but wonder if Lyme
> could be at the root of all her problems. I would appreciate any
> information and/or articles.*
>
> *Thanks,*
> *Jan*

FYI and Good luck:

N J Med 1995 Jun;92(6):381-5 Related Articles, Books

Ehrlichiosis with pancytopenia and ARDS.

Paparone PW, Ljubich P, Rosman GA, Nazha NT.

Shore Memorial Hospital, USA.

As illustrated by the case described in this report, the possibility of ehrlichiosis should be considered in the differential diagnosis of sulfasalazine toxicity/drug fever and other febrile illnesses presenting with pancytopenia/leukopenia and pulmonary abnormalities, when patients have been exposed to known tick-infested areas. Furthermore, the possibility of delayed serologic confirmation of Ehrlichia infection should be integrated into the diagnostic process as well.

PMID: 7617311 [PubMed - indexed for MEDLINE]

Title ARDS (acute respiratory distress syndrome)

Near fatal acute respiratory distress syndrome in a patient with human ehrlichiosis.

Author

Patel RG ; Byrd MA

Address

Department of Medicine, University of Mississippi Medical Center, Jackson, USA.

Source

South Med J, 92(3):333-5 1999 Mar

Abstract

Human ehrlichiosis is not a common cause of acute respiratory distress syndrome

(ARDS). Physicians should be aware of this life-threatening but treatable

entity. Progression to ARDS may be related to delay in diagnosis and treatment.

Fever, leukopenia, thrombocytopenia, and a history of tick exposure in an

endemic area during the spring and summer months should alert the physician to

the possibility of human ehrlichiosis, since a definitive diagnosis requires

serologic testing that may take weeks to confirm. We describe a case of ARDS

resulting from human ehrlichiosis. A unique feature in our case was that

despite the early use of doxycycline, the patient had near fatal ARDS that

responded dramatically to disease.

Author

Kirsch M ; Ruben FL ; Steere AC ; Duray PH ; Norden CW ; Winkelstein A

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Source

JAMA, 259(18):2737-9 1988 May 13

Abstract

A dry cough, fever, generalized maculopapular rash, and myositis developed in a

67-year-old woman; she also had markedly abnormal liver function test results.

Serologic tests proved that she had an infection of recent onset with Borrelia

burgdorferi, the agent that causes Lyme disease. During a two-month course of

illness, her condition remained refractory to treatment with

antibiotics,
salicylates, and steroids. Ultimately, fatal adult respiratory
distress
syndrome developed; this was believed to be secondary to Lyme disease.

Language

Eng

Unique Identifier

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Major MeSH Headings

Lyme Disease DI ; Respiratory Distress Syndrome, Adult ET

Minor MeSH Headings

Aged ; Antibodies, Bacterial AN ; Borrelia IM ; Case Report ; Female ;

Human ;

IgG AN ; IgM AN ; Lyme Disease CO ; Lyme Disease DT ; Penicillin G TU

;

Respiratory Distress Syndrome, Adult DT ; Respiratory Distress

Syndrome, Adult

PA ; Support, U.S. Gov't, P.H.S. ; Tetracycline TU

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