

Re: IDSA Guidelines...can anyone tell me what this means?

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- *From:* "the 3rd Man" <derdrittemann2003@xxxxxxxx>
 - *Date:* 12 Oct 2006 19:36:54 -0700
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Rita Stanley wrote:

"the 3rd Man" <derdrittemann2003@xxxxxxxx> wrote in message
news:1160702036.180233.126370@xx

Why would you be talking about serologic testing in relation to an EM rash...when you have just acknowledged that a clinical observation of an EM is sufficient to diagnose?

Because there are docs who want to confirm the EM rash with testing; they want the security of some lab results. The GL's are telling them not to do that.

Ahhh...yes, that makes sense. Not cost -efficient, either. Not a good use of healthcare resources.

I've got feedback from lots of folks whose docs did testing along with EM rash presentations. Not uncommon at all. The docs don't care to understand the tests. Modern docs are dependent on tests. Others feel that the rash is 'something else' like ringworm or a spider bite' and want to test to show the patient that their concerns about LD are unnecessary. I've heard tons of these stories. Tons.

Doesn't make sense...

Makes sense to me.

Think like a doc presented with a recipe to follow.

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Confirmation of the diagnosis by testing is required before treatment for anything other than EM diagnosis.

What's your source for this, please?

No source. That's how I read it. Maybe I read it wrong, but who else is reading it the way I do?

Thanks, that helps. Not saying you're wrong...actually suspect that you are right...

Everyone, reads it that way, I would think, maybe except me...(and I vaguely recall a similar discussion that I had here with Greg Gerber and Weisman and I think they both wanted to reach through their screens and strangle me). LOL.

I am just having a hard time believing they are really that mechanical in their approach to what is by everyone's estimation, a very complicated diagnosis.

And it's my experience that with any situation, the physician is going to evaluate laboratory tests as just one component...(at least hopefully so).

In other words, these people are extremely bright...I just can't believe they can be that damned stupid on this...while at the same time acknowledging the weaknesses inherent in the available tests.

And...if the "clinical" aspect is over-ruled...countered by a blood test...isn't that really pure serodiagnosis?

Yes. Call it a 'confirmation' though. Goes on all the time for lots of diseases. No thinking required. If you can read a recipe (granted, this one is confusing), you can diagnose and treat disease.

I guess that's what I really want to know...if a doc reaches the diagnosis...but the blot doesn't confirm...do these guidelines suggest

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that he NOT treat?

I'm not entirely sure that they do, in fact.

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