1987: Lyme arthritis in children. An orthopaedic perspective.

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1: J Bone Joint Surg Am. 1987 Jan;69(1):96−9. Links
Lyme arthritis in children. An orthopaedic perspective.
Culp RW, Eichenfield AH, Davidson RS, Drummond DS, Christofersen MR, Goldsmith DP.

The cases of forty−three children with clinical and serological evidence of Lyme arthritis that was diagnosed between August 1983 and July 1985 were evaluated. The mean length of follow−up was twenty months, with a range of five to thirty months. All of the children lived in or had visited an area where the disease was known to be endemic. Arthritis was the presenting feature in more than half of the children, and half of the children had initially consulted an orthopaedic surgeon, none of whom made the correct diagnosis. Only twenty patients had a history of erythema chronicum migrans, the characteristic rash that precedes the arthritis, and for only nineteen children was there any recollection of having been bitten by a tick. Three patients had Bell palsy and one had a popliteal cyst in conjunction with the arthritis. All of the patients had oligoarticular involvement. The knee was involved in all but two patients. Recurrent attacks of synovitis were common. Effusion was the only radiographic abnormality that was observed, and it was found in thirty−two patients. The sedimentation rate was elevated in thirty of thirty−six patients. Immunofluorescent serology for Lyme disease, which is sensitive and specific, was uniformly positive. Of thirty−three patients who were treated with oral administration of penicillin or tetracycline alone, thirty−one responded, while two patients who had recurrent attacks of the disease responded to parenteral administration of antibiotics. The remaining ten patients responded to combinations of orally and parenterally administered antibiotics. Longer follow−up is needed to further document the apparently low rate of relapse after antibiotic therapy in this young population.

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