

Editorials

Lyme hysteria

THE AMOUNT OF MEDIA attention recently given to Lyme disease has created concern bordering on hysteria in some Wisconsin communities, a windfall for insect repellent manufacturers, and an extraordinarily high volume of serological testing for the presence of antibodies to the spirochete. These turns of events are disturbing to Willy Burgdorfer, MD, PhD—the man who discovered the Lyme disease-causing organism that now bears his name, *Borrelia burgdorferi*—with whom I had the pleasure of speaking at a Lyme disease seminar in Madison, June 6 and 7.

In 1988, the Wisconsin Division of Health reported 56,000 serologies were performed for the detection of Lyme disease. While probably under-reported, only 246 patients met the criteria for the positive diagnosis suggested by the Centers for Disease Control. Serological testing for Lyme disease is unnecessary for diagnosis if the characteristic cutaneous manifestation (erythema migrans) is present. These patients should receive prompt antibiotic therapy. Testing is unnecessary because in the first week of the disease, only 13% to 17% of the patients test positive. In the third week of the illness, this percentage increases to 22% to 27%, but still most patients remain serologically negative in spite of pathognomonic signs of Lyme disease.

There are many patients who do not have the cutaneous manifestations of Lyme disease in which serological testing may be helpful when combined with the history of living in an

endemic area (nearly all of Wisconsin) and symptoms of other organ systems involved, ie, musculoskeletal, cardiac, and central nervous system. To be helpful in deducing whether to treat a patient, the Lyme titer should be over 1:256 (this may vary according to individual laboratory standards).

However, patients having a titer of above 1:256 and symptoms of general malaise, exhaustion, or weakness, may not have the disease. Their seropositivity may simply reflect previous exposure to *B burgdorferi* that resulted in an asymptomatic infection.

More sensitive and specific techniques for identifying active spirochetal infection are necessary (ie, gold standard). Work is under way in sequencing the genetic material (DNA) of the *B burgdorferi* which may lead to a very definitive diagnostic test using modern tools of molecular biology such as monoclonal antibodies and the polymerase chain reaction.

Dr Burgdorfer indicated that there are several laboratories working on this approach and predicted that the rest will be available in the near future. Until then, a large number of the 56,000 serological tests conducted in Wisconsin last year place most patients in the “we really don’t know” category for diagnosis of Lyme disease.

Patients and physicians alike are greatly indebted to Dr Burgdorfer, not only for his contributions to the knowledge of this disease, but also for his concern for the appropriate use of such knowledge by the scientific com-

munity and the public.

The second meeting of the Lyme Disease Consortium was also held during this seminar. This consortium is made up of persons, from various disciplines and institutions, who have interest in Lyme disease. The intent of the consortium is to pool information regarding treatment, diagnosis and research and then inform the interested public of this work and the progress being made. This approach shows promise.

—Richard D. Sautter, MD
medical editor

Correction

The meaning of a portion of Dr Jeffrey Lamont’s editorial *The importance of parenting* in the June issue of the *WMJ* was inadvertently altered in editing. In his discussion of the Cub Scout Pinewood Derby and the disadvantages of single-parent homes, Dr Lamont wrote: “I suspect that few, if any, of the mothers of these boys lacked the skills necessary to help their sons turn out first-rate cars. What these mothers lacked instead, if overheard conversations can be trusted, was access to tools, time and money.” The first sentence appeared, instead, as “I suspect that few, if any, of the mothers of these boys possessed the skills . . .” The *WMJ* regrets the error.