

# THERAPY OF LYME BORRELIOSIS - A REVIEW

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## ABSTRACT

There is some confusion regarding the recommended therapy of Lyme Borreliosis. In the present paper current treatment standards are outlined based on a review of the literature.

Most patients with Lyme Borreliosis benefit from a single course with an effective antibiotic. However, in many but not all patients with recalcitrant Lyme Borreliosis, repeated courses with the same or other effective antibiotics may be necessary and prove to be beneficial.

## KEY WORDS

*Lyme Borreliosis, therapy*

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## THERAPY OF ERYTHEMA MIGRANS

The aim for treating patients with erythema migrans (EM) is to clear the erythema, relieve associated signs and symptoms and to prevent later manifestations. Recent therapeutical studies have shown a beneficial effect of several antibiotics (Table I). There was no significant difference between these antibiotics, although azithromycin and penicillin V each performed worse in one subgroup analysis (1-5, quot. 3-10 in ref. 1). However, there were quite different study designs in the investigations cited. A couple of patients developed major or minor sequelae despite antibiotic treatment. Major sequelae consisted of meningitis (meningo-radikuloneuritis, meningoencephalitis) in 1.1% and of arthritis in 1.0% of 1137 patients treated in

randomized trials. The percentage of major sequelae was somewhat different regarding the antibiotics used (Table II).

There are a couple of problems involved with the interpretation of arthritis and meningitis. Regarding arthritis, swelling is not always pronounced enough to distinguish arthritis from arthralgia. Distinction from other types of arthritis is not always possible as in two patients of Luger et al. (3) and arbitrary exclusion of short-term arthritis has influenced the interpretation of a study result (6). The development of meningitis in an EM patient treated with oral antibiotics often raises the question whether *Borrelia burgdorferi* (Bb) had already invaded the central

