

Recurrent splinter haemorrhages weeks after a tick bite

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CASE REPORT

A 52-year-old man developed fever, headache, tinnitus, and painful joints. He reported a tick bite contracted during a summer holiday in the Netherlands, followed by erythema on his left arm three weeks earlier. Initial treatment with doxycycline had failed and he had now developed signs of meningoencephalitis. Laboratory tests showed an increased white cell count ($16.1 \times 10^9/l$), and elevated ESR (51/h).

Upon arrival to the intensive care unit, he was intubated and mechanically ventilated because of respiratory failure apparently due to muscle fatigue and inability to keep his airway free, and to clear respiratory secretions. He developed anuric renal failure. None of the cultures grew micro-organisms that could explain his illness. Anti-*Borrelia* IgM titre was >300 EU/ml (normal range <30), without detectable anti-*Borrelia* IgG antibodies. Cerebrospinal fluid analysis showed pleiocytosis and elevated protein content, without red blood cells. Further tests revealed anti-*Borrelia* IgM antibodies, and the diagnosis of early-onset Lyme borreliosis (with central nervous system involvement and multiorgan failure) was later confirmed by Western immunoblotting, showing reactivity towards anti-*Borrelia*-IgM.

Despite three weeks of ceftriaxone treatment, his course was unfavourable, with persistent multiorgan failure, and his petechiae, which had first disappeared, recurred (*figure 1*).

WHAT IS YOUR DIAGNOSIS?

See page 264 for the answer to this photo quiz.



Figure 1
Petechiae on the nail beds of the left hand

A colour version of this figure is available on www.njmonline.nl