Man with Increasing Fatigue and Myalgia

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Case Presentation

A 69 year-old male with a past medical history of hyperlipidemia, GERD, and transitional cell carcinoma of the bladder currently in remission was admitted to the hospital with increasing fatigue, arthralgias, and myalgias. He noted that his symptoms began approximately four weeks prior to admission after working outside in his yard and on his swimming pool. He stated that one week later he developed red blotches on his thighs, abdomen and chest followed by arthralgias and myalgias. He noted there were ticks where he was working but could not recall a definite tick bite, nor did he find evidence of one. On further questioning he revealed that his neighbor had Lyme disease in the past, and his dog also had Lyme disease. He presented to his primary care physician three weeks later with myalgias in his arms, shoulders, elbows, and thighs bilaterally. His outpatient medication include Niaspan, omeprazole and Lipitor which he had been taking for the prior two years. Laboratory evaluation revealed a white blood count of 7000 cells per mm³, hemoglobin of 11.2 g/dL, ESR of 119 mm/hr and a serum creatinine of 1.0 mg/dL. Lyme disease was considered and serologies were sent but no antibiotics were started. The Lyme IgM result returned positive 10 days after his visit to his primary care physician, and the patient was instructed to come in to the hospital to start treatment. He was still feeling fatigued. An EKG done upon admission revealed a 2:1 AV Block (Figure 1) with a heart rate in the 40s and a widened QRS complex. The patient was admitted to telemetry for lyme carditis and was started on treatment with ceftriaxone 2 grams once daily which was continued for 2 weeks. His symptoms resolved and his repeat EKG showed sinus rhythm with a 1st degree AV Block with a HR of 78 (Figure 2). The patient's final diagnosis was Lyme carditis due to early disseminated Lyme disease.

References