Borréliose de Lyme
Place du médecin généraliste

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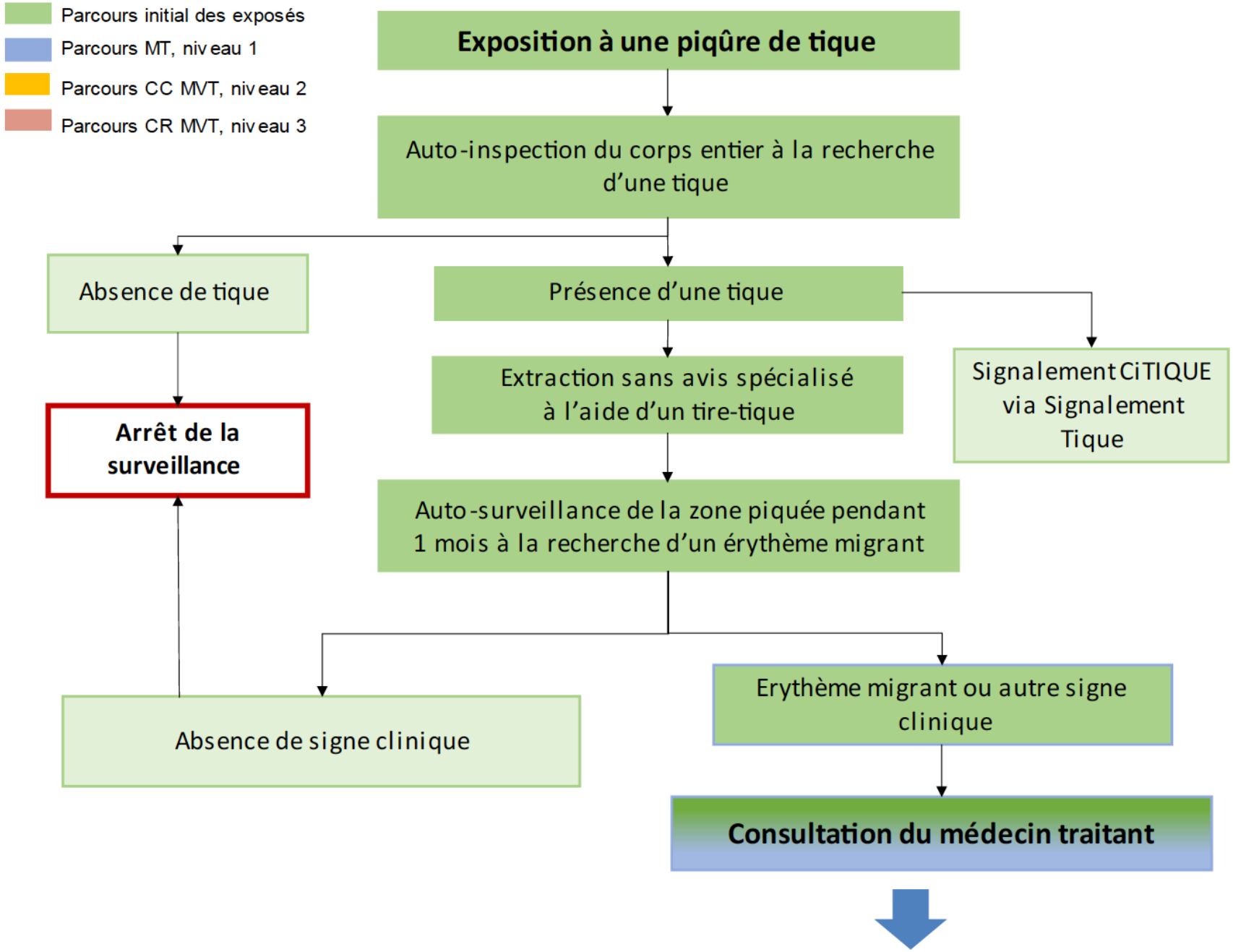
GUIDE

Guide du parcours de soins – Patients présentant une suspicion de borréliose de Lyme

Validé par le Collège le 3 mars 2022



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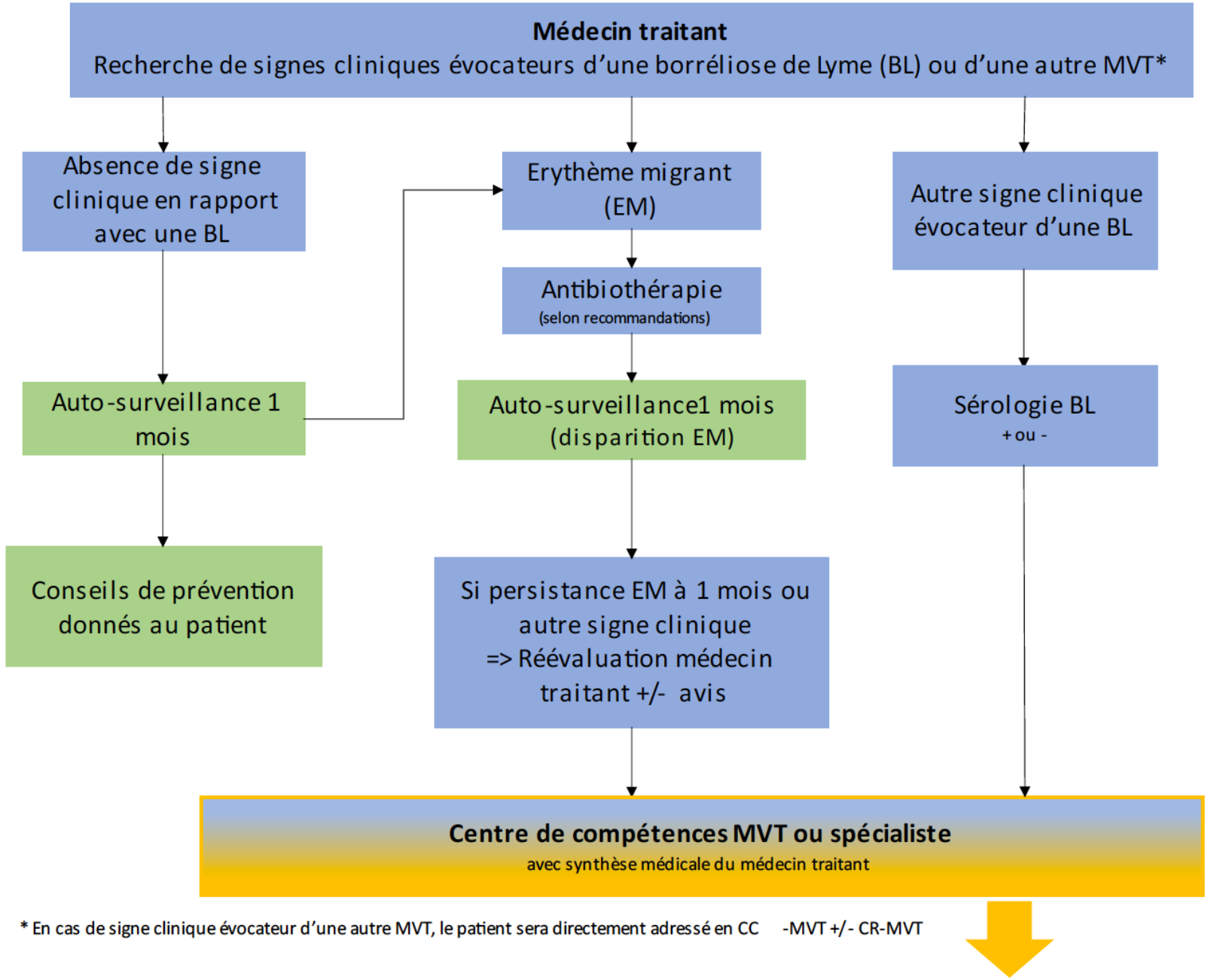


Éviter l’errance

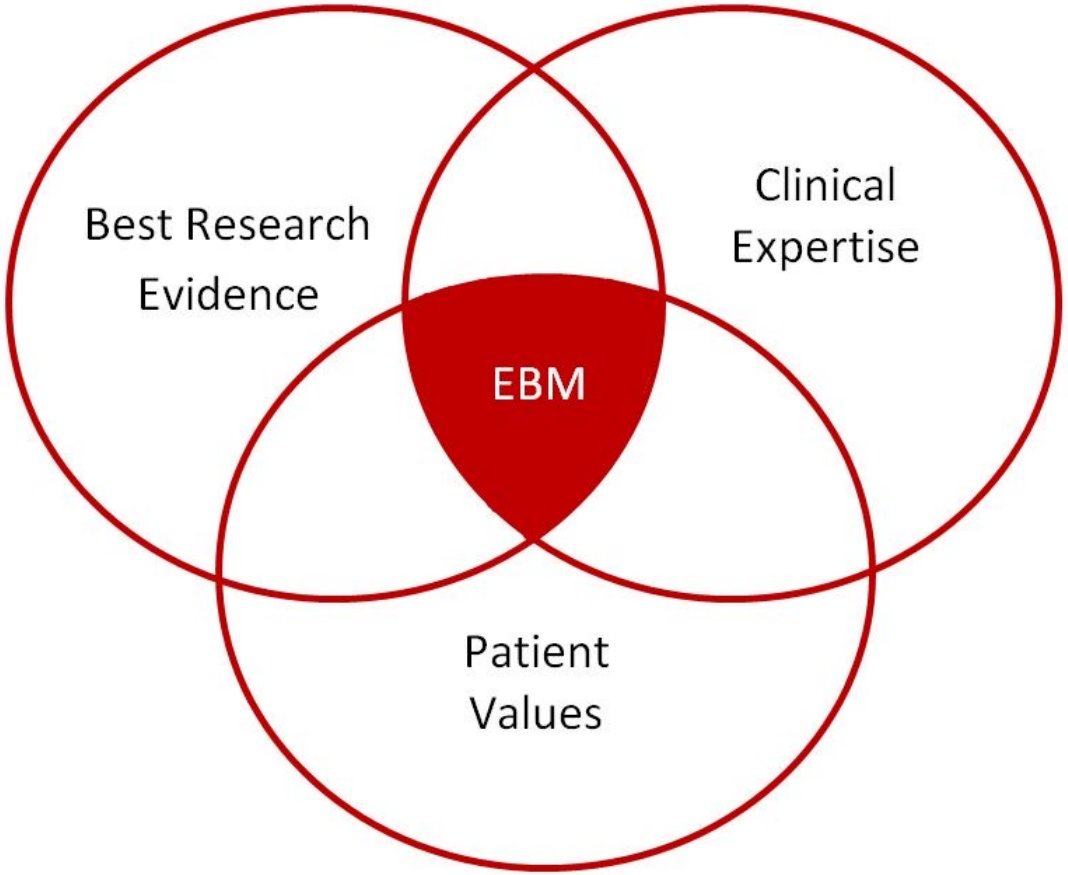
10 % Post treatment Lyme disease syndrom

- Asthénie, algies diffuses, troubles cognitifs, etc.
- Même en absence de contact

Itinéraire diagnostique et thérapeutique long et difficile

- Sentiments de non reconnaissance et abandon
- Associations et médecins à la spécialisation informelle
- Prescription de tests diagnostiques non certifiés et de thérapeutiques hors recommandations

DeLong A et al. BMC Public Health 2019;19(1):352.
Forestier E et al. Rev Med Interne 2018;39(12):912-7.



Sébastien *et al. BMC Infectious Diseases* (2023) 23:642
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RESEARCH Open Access

Diagnosis and treatment of "chronic Lyme": *primum non nocere*

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Abstract

Background Approximately 10% of patients experience prolonged symptoms after Lyme disease. PTLDS (post treatment Lyme disease syndrome) is a controversial topic. It has been described as a source of overdiagnosis and off-label treatment. This review aims to describe the diagnostic errors and adverse events associated with the diagnosis and treatment of PTLDS.

Methods systematic review of the literature in the Medline and Cochrane Library databases, according to PRISMA criteria, including randomized clinical trials (RCT), observational studies, and case reports addressing diagnostic errors and adverse events published between January 2010 and November 2020 in English or French. Selection used a quadruple reading process on the basis of the titles and abstracts of the different articles, followed by a full reading.

Results 17 studies were included: 1 RCT, 6 observational studies and 10 case reports. In the 6 observational studies, overdiagnosis rates were very high, ranging from 80 to 100%. The new diagnoses were often psychiatric, rheumatological and neurological. Disorders with somatic symptoms were often cited. Diagnostic delays were identified for cancers and frontoparietal dementia. In the RCT and observational studies, prolonged anti-infective treatments were also responsible for adverse events, with emergency room visits and/or hospitalization. The most common adverse events were diarrhea, sometimes with *Clostridium difficile* colitis, electrolyte abnormalities, sepsis, bacterial and fungal infections, and anaphylactic reactions.

Conclusion This review highlights the risks of prolonged anti-infective treatments that have not been proven to be beneficial in PTLDS. It emphasizes the ethical imperative of the "primum non nocere" principle, which underscores the importance of not causing harm to patients. Physicians should exercise caution in diagnosing PTLDS and consider the potential risks associated with off-label treatments.

Keywords Post-Lyme disease syndrome, Diagnostic errors, Overdiagnosis, Overtreatment, Adverse drug event

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Résultats surdiagnostics
Études observationnelles

Haddad E (2019)	**France**	**301 patients**	**Surdiagnostics = 80,7 % (n = 243)**
Haddad E (2019)	**France**	**1000 patients**	**Surdiagnostics : 90,4, 88, 85 %**
Itani O (2020)	**France**	**15 patients**	**Surdiagnostics : 100 % (n =15)**
Kobayashi Y (2019)	États-Unis	1261 patients	Surdiagnostics : 84,1 % (n = 1061)
Peri F (2019)	Italie	7 enfants	Surdiagnostics : 100 % (n =7)

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Résultats surdiagnostics
Cases report

Andany N (2015)	**États-Unis**	**Homme 35 ans fatigue chronique > 1 an**	**Sérologie BL < 0 dans le public** **> 0 dans le privé**
Nelson C (2015)	États-Unis	3 patients PTLDS traitement ATB	Retard diagnostic tumeur hypophysaire, lymphome d'Hodgkin stade IV, cancer pulmonaire
Di Battista ME (2018)	Italie	Patiente 61 ans	Retard diagnostique (4 ans) démence fronto-temporale
Strizova Z (2018)	Tchèquie	Patiente 37 ans	Décès par IR Arrêt des traitements pour le LEAD

Résultats EI
ECR, études observationnelles

ECR	Krupp LB (2003)	États-Unis	55 patients 28 ceftriaxone IV/27 placebo/6 mois	Diarrhées 43 % / 25 %
Études observationnelles	Itani O (2020)	France	15 patients 6,8 ATB / 476 J	EI : 27 % (n = 4)
	Trautmann A (2020)	France	16 patients Disulfiram	EI 81,2% (n = 13)
	Goodlet KJ (2018)	États-Unis	3127 patients, Groupe 1 : 1102 ATB po, Groupe 2 : 150 voie IV, Groupe 3 : 1875 placebo	EI : gastro int, electro 18,7 %/16,8 %/13,4 % + recours H et urgences groupe 2

Résultats EI : case report

Patel R (2000)	États-Unis	Patiente 30 ans ceftriaxone IV	Décès sepsis nosocomial /cathéther 27 mois
Johnstone T (2018)	Australie	1 patiente, 41 ans Glutathion	Bactériémie Puis colite à Clostridium Difficile.
Issacs D (2016)	Australie	1 patiente, 15 ans Hyperthermie et ATB IV	Déshydratation sévère sur diarrhée à *Clostridium Difficile*
Shelton A (2019)	États-Unis	1 patiente 32 ans ATB IV puis ATB per os	Pneumonie multifocale *Mycobacterium goodii* sur cathéter veineux central
Marcks CM (2016)	États-Unis	Patiente 45 ans ATB 3 mois per os	DRESS Syndrome
De Wilde M (2017)	Belgique	Patiente 76 ans ceftriaxone IV	Anémie immunohémolytique médicamenteuse

Merci de votre attention