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Two Cases of Lyme Arthritis in Winter In New England: A Case Series

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CASE DESCRIPTION

Case: Patient 1: 26-year-old male who presented in March with severe right knee pain and swelling for two weeks. Patient 2: 24-year-old male who presented in December with progressive right knee and calf pain for one week. Neither patient reported fever, chills, or rashes.

Background: Patient 1 had a previous episode 1 month prior which resolved spontaneously. The second episode progressed with pain from knee to foot, and numbness on top of the foot. He had no known history of tick bites, travel, or trauma, but endorsed contact with a dog.

Patient 2 had been fishing in the woods a few weeks prior with no trauma and no known history of tick bites. Ultrasound at ED showed no DVT.

Exam: Patient 1: Right knee effusion with no erythema. Limited range of motion in right knee in all planes and pain on flexion. Diffuse joint line tenderness, McMurray's test positive, pain with ligamentous testing but no frank laxity.

Patient 2: Right knee effusion with no erythema. Right knee lacking 5 degrees of extension, pain on flexion to 95 degrees. McMurray's test producing mild pain. Mild joint line tenderness, moderate popliteal and calf tenderness. No tenderness over MCL or LCL; no frank laxity but mild pain with ligamentous testing.

Diagnostics: Patient 1: synovial fluid of the joint showed WBC count 44,467 and was positive for Lyme PCR.

Patient 2: synovial fluid of the joint showed WBC count 37,520 and had positive Lyme PCR.

MR Imaging: Patient 1: ACL laxity and inflammation. Patient 2: bone contusion, ACL laxity, and inflammation.

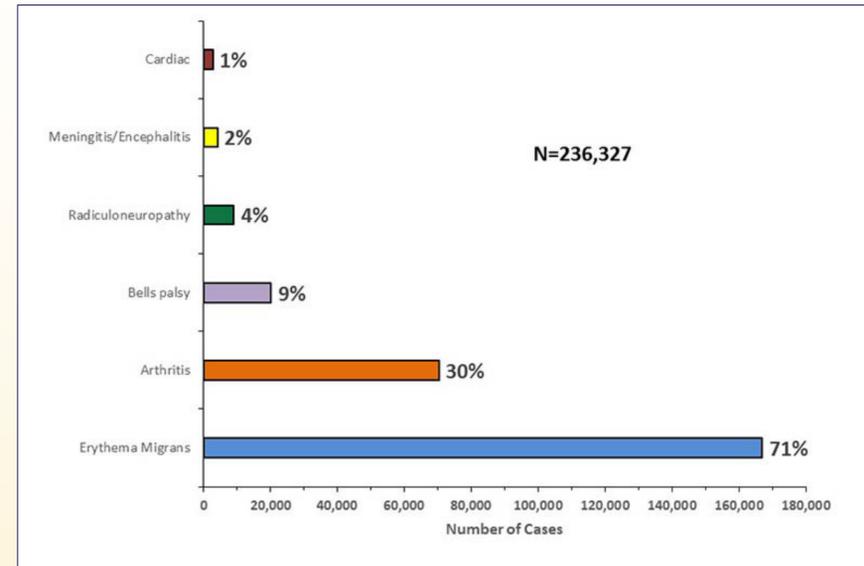


Figure 1: Clinical Manifestations of Confirmed Lyme Disease - United States 2001-2015. <https://www.cdc.gov/lyme/stats/graphs.html>

