Lyme disease can cause a variety of arthritic manifestations in children that can mimic many other rheumatological disorders. It can present with monoarticular arthritis, but more commonly will develop into a migratory polyarthritis. The muscle pain is most often found to be in a diffuse pattern, and not localized to the classic "trigger point" locations seen in fibromyalgia. Children with Lyme disease may also experience morning stiffness, rest pain and muscle weakness. Difficulties in the child’s ability to partake in sports activities may be noticed by the parent. Systemic symptoms, such as dermatomyositis and polymyositis have also been documented in chronic Lyme disease. The proper evaluation of these patients should include the appropriate serology for tick-borne diseases, accompanied by levels for antinuclear antibodies, rheumatoid factor, and creatinine kinase and sedimentation rate. Cross-reactive antibodies against the Lyme bacteria may yield low levels of false positive autoimmune screening. Appropriate antibiotic treatment should be given until the joint and muscle symptoms dissipate. Partial treatment may result in the development of chronic arthritis.

Lyme Disease Association, Inc. Founded research projects from coast to coast in 1989 is an all-volunteer non-profit corporation. It has raised over 15 million dollars to date. It has over 95% of every dollar you give to programs. Partners with Yale for Lyme affiliated and Columbia to open endowed Lyme faculty position. Helps children with Lyme get a proper education. Sponsored first national medical conference focusing on Lyme disease in Children & Adolescents. It has 52 partner organizations nationwide including affiliates, patients, support groups. Published book for 8-12 year olds with Lyme. Established lymphedema kIDS fund for kids with no insurance. Established LymeAid 4 Kids fund for kids with no insurance. Published book for 8-12 year olds with Lyme.

Educating Children with Lyme Disease

Lyme Disease in Children

The Role of Co-Infections in Lyme Disease

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There are several other organisms found in ticks which when transmitted alone, or in combination with Lyme disease, may account for increased severity of symptoms and or persistence of illness. These organisms cause diseases which include, but are not limited to, Ehrlichiosis, babesiosis, bartonellosis, Rocky Mountain spotted fever, Powassan encephalitis, Q fever, tick paralysis, anaplasmosis, and TBE.

Ehrlichiosis can cause high fevers, headaches, myalgias, and a flu-like syndrome. Clinical laboratory findings may include positive antibody titers for Human Monocytic Ehrlichiosis (HME) and Human Granulocytic Ehrlichiosis (HGE now called anaplasmosis) with morula in leukocytes (intracytoplasmic colonies), and low white cell counts, low platelet counts with elevated liver enzymes in certain patients.

Babesiosis micro is an intracellular parasite found in red blood cells which causes a malaise like illness. Children may complain of intermittent fevers, chills, day and night sweats, as well as having an increased severity and duration of Lyme disease symptoms. Diagnosis is made by antibody titers (IFA). blood smear, DNA (PCR) and RNA analysis (FISH assay). Antibiotic treatments include atovaquone and azithromycin, and clindamycin and quinine.

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Bartonella henselae are intracellular bacteria that can be transmitted by a cat bite or scratch or a tick bite. When present in combination with Lyme disease, atypical presentations may result including renal problems, headaches, significant lymph node enlargement, resistant neurological deficits, and the new onset of a seizure disorder. Diagnosis is made by acute and convalescent antibody titers (IFA) and by PCR (DNA analysis). TBE. Southern tick associated rash illness, also called STARI, Southern-tick associated rash illness, also called Diagnosed is made by acute and convalescent antibody titers (IFA) and by PCR (DNA analysis). TBE. Southern tick associated rash illness, also called STARI, Southern-tick associated rash illness, also called
Lyme disease is a significant infectious disease that has become more common recently due to the interaction of human development on natural areas. Adolescents and children probably have the highest risk for the disease because they spend more time in areas where they might suffer a bite from a tick carrying the infectious spirochete (Borrelia burgdorferi). As a chronic-illness, Lyme disease patients present with a number of ocular findings, including optic neuritis, anterior uveitis, keratitis, and iridocyclitis. Furthermore, these patients seem to have central nervous deficits, including hyperirritability white matter lesions of the brain and even an ataxic syndrome leading to intracranial hypotension. Because of the neurotropic effects of this illness, patients often present with reading difficulties such as fatigue, warping, letters turning together, or double vision.

Lyme disease mimics so many diseases, including multiple sclerosis, chronic fatigue syndrome and fibromyalgia. Therefore, a patient’s health care team must ensure that the patient has been examined by an eye specialist. Intracranial hypotension is a difficult diagnosis, particularly when it presents in an uncommon way. When Lyme disease attacks the optic nerve, it can lead to blindness. For this reason, examining the eye might not be the diagnosis that most clinicians consider. Neuro-ophthalmologists are particularly trained in examining the entire visual pathway.

Emotional Needs of Children and Their Families: Psychotherapy and Family Therapy Support

Children with Lyme disease may develop neuropsychiatric symptoms affecting sleep, thinking, and mood. In adolescents, the role of hormones further complicates the picture. Mood swings often accompany physical complaints. School problems can be considerable, and very rare to rare is the fatigue, cognitive and mood problems, and that might not be seen as ADD or ADHD at the start. The way of school attendance and academic performance.

Children with Lyme often complain about feeling isolated. Profound fatigue can limit, or prevent, socialization. Peers often fail to understand the variations in the function of living from day to day, resulting in not befriending their friends when they complain of their Lyme symptoms. The Lyme patients’ lives are further complicated by trips to the doctor, pills they have to take, blood work and other diagnostics. Their experience of life sets them apart from their peers, and the gap that is created can be very difficult to bridge.

Psychotherapy and family therapy with a Lyme-literate psychiatrist can help in the process of recovery from Lyme disease through development in patients and parents.

An understanding of the nature of the illness, and strategies to deal with it.

The ability to cope with the flare of symptoms and side effects of medications, yet function at the highest possible level.

The ability of parents to advocate on the child’s behalf in school.

Enhanced communications and problem-solving, within and outside of the family.

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Lyme disease is a medical illness that calls for non-medical support in the lives of children and adolescents. Pediatric gastrointestinal Lyme disease in children and adolescents is a topic that is not often discussed. There are two main reasons for this: first, patients may not always have a history of living in or having been bitten by a tick; secondly, it may be very difficult to bridge the gaps that children and adolescents may have due to their illness.

The Family might find the Lyme patient to be irritable and depressed, with decreased attention, confusion, uncharacteristic behavior outbursts and mood swings, fatigue, sleep, pain, diarrhea, dizziness, and sensitivity, difficulties thinking, eating, sleeping, and writing, making decisions as well as a lack of energy. The ability of parents to advocate on the child’s behalf in school.

For Further Reading on School Issues

To deal with the bell button pain, treatment also included antispasmodic therapy. In addition to Lyme disease, other co-infections such as Bartonella, mycoplasma, H. pylori and babesia have been found in Coin the St. Louis, tick-borne series.

For Further Reading on School Issues

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Neuropsychiatric Effects of Lyme Disease on Children and Adolescents

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Gastrointestinal Lyme

Lyme disease has been reported in the gastrointestinal tract of children and adolescents. Pediatric gastrointestinal Lyme disease may present as abdominal pain, vomiting, diarrhea, heartburn, bleeding in the stool, and may mimic Crohn’s disease or colitis. Blood tests for diagnosing Lyme disease may be negative while gastrointestinal and other Lyme disease symptoms persist. The disease is made clinically on the basis of symptoms and clinical test results.

Once treatment has begun with antibiotics, most patients reported a decrease in the frequency and severity of their abdominal pain. Complete remission, a low fat diet followed alleviation of some of the abdominal symptoms associated with Lyme disease. In patients who report vomiting, diarrhea, bleeding in the stool, and may mimic Crohn’s disease or colitis. Blood tests for diagnosing Lyme disease may be negative while gastrointestinal and other Lyme disease symptoms persist. The disease is made clinically on the basis of symptoms and clinical test results.

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A Preeminent Medical and Research Organization

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Gastrointestinal Lyme

Lyme disease in children is often cryptic by Lyme Disease. For more information, visit www.lyme.org. Children who have a history of gastrointestinal symptoms may have autoimmune disease. Peers.

For Further Reading

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