



BAGGIO-YOSHINARI SYNDROME - A CASE SERIES

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BACKGROUND

Brazilian Lyme-simile disease or Baggio-Yoshinari syndrome is an infectious disease difficult to diagnose due to the variable clinical presentation and inability of in vitro isolation of *Borrelia burgdorferi* sensu stricto transmitted by tick bites. In addition to migratory erythema (ME), in the acute stage, there are frequent constitutional, musculoskeletal and neurological complications. The latent and late stages are difficult to diagnose due to the unusual report of contact with tick, and have neurological, cardiac and joint manifestations. Diagnostic criteria include concomitant ELISA serology and Western blotting (WB). The treatment is performed with antibiotics. Late diagnosis may lead to disability and limited response to antibiotic therapy.

MATERIALS AND METHODS

Review of medical records with ICD registry A69.2 - Lyme disease. Information collected included: gender, clinical presentation, stage of the disease, serological method, final diagnosis and evolution.

RESULTS

Men accounted for 60.7% of the cases, with a mean age of 30.7 ± 14.1 years. Tick contact was reported in 21.4%. Among the acute phase diagnoses ($n = 15$; 53.5%), with mean symptom time of 1.5 ± 1 month, non-ME skin lesions occurred in 33.3% of the patients, isolated neurological syndromes in 20%, constitutional symptoms and neurological syndromes in 46.7% and 33.3% had only constitutional symptoms. In patients with chronic presentation ($n = 13$; 46.5%), with an average disease time at diagnosis of 75 ± 53 months, neurological syndrome was present in all cases, constitutional symptoms in 53.8%, skin lesions and arthropathy in 7.7%. WB was positive in 42.8% of cases, ELISA in 7.1% and both in 28.5%, with negativity of both in 21.5%. Specific antibiotic therapy was instituted in 82.1% of cases, antibiotic therapy extended to other agents in 12.2% and no treatment in 3.6%. Complete remission of constitutional symptoms occurred in all patients. Total or partial remission of neurological symptoms was achieved in all of them in the acute phase, while in the chronic phase this occurred in 76.9%.

CONCLUSION

In this series of cases, the low rate of tick bites reports, the absence of cutaneous lesions typical of the acute phase, and the diagnosis of neurological syndrome in 100% of chronic Baggio-Yoshinari Syndrome cases are highlighted. In addition, the diagnosis was based on the positivity of only one serological test in most cases.