

TABLE 14 Therapy for Clinical Manifestations of Lyme Disease\*

<b>Clinical Manifestation</b>	<b>Treatment Regimen</b>	<b>Duration</b>	<b>Comments</b>
Erythema migrans	Oral regimen	14-21 days	Doxycycline, amoxicillin, and cefuroxime axetil probably equally effective.
Multiple erythema migrans	Oral regimen	21-28 days	Doxycycline was at least as effective as ceftriaxone in a randomized trial.
Isolated facial nerve palsy	Oral regimen	28 days	
Meningitis, other cranial or peripheral neuropathies, radiculoneuritis, encephalitis	IV regimen	14-28 days	Oral doxycycline may be equivalent to IV penicillin for treatment of Lyme meningitis, but IV therapy is still the recommended regimen.
Mild cardiac disease - first-degree atrioventricular block with PR interval < 0.3 second	Oral regimen	21-28 days	
More severe cardiac disease	IV regimen	14-28 days	May require temporary pacemaker. Corticosteroid may be considered for patients with severe carditis who do not respond within 24 hours to antibiotics.

Arthritis	Initial therapy usually with oral regimen. May repeat or prolong oral course if delayed or unsatisfactory response. If no response, intravenous regimen. Patients who do not respond may have treatment-resistant arthritis.	Oral regimen: 30-60 days  IV therapy: 30 days	Synovial fluid PCR may be helpful in guiding therapy for patients who have persistent arthritis after antibiotic therapy.
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IV = intravenously; PCR = polymerase chain reaction

\*Recommendations are based on limited data. The duration of the regimen is not well established for any indication and is used based on the severity of disease and speed of the response. Relapse has occurred with all of these regimens, and patients may need retreatment. In late disease, the response to therapy may be delayed for several weeks to months.

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