

# Understanding the Lyme Disease, Classification and Codes

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## Abstract

Hello friends of the network dermagic brings you today another interesting topic about the very well known erythema migrans or lyme disease, transmitted by the bite of a tick, of the *Ixodes* genus being the causal agent an *espirochete*, well known as *Borrelia burgdorferi*, described for the first time by willy *Burgdorfer* in the year 1981, and previously known as lyme arthritis. Today I bring you the codes of lyme's disease.

Received date: December 24, 2017

Accepted date: January 04, 2018

Published date: January 12, 2018

Citation: Lapenta, J. Understanding the Lyme disease, Classification and Codes. (2018) Invest Dermatol Venereol Res 4(1): 1- 11.

DOI: 10.15436/2381-0858.18.1769

## Introduction

Currently worldwide lyme disease has become a major public health problem, due to the annual increase in cases, which in the United States amounts to about 380,000, new cases annually, 2 times more than breast cancer and 6 times more than aids, and beyond this, the lack of modernization of the disease codes at the software or digital level, them do not appear currently and they need to be recognized so that patients to be and treated in time. The events that I present below they are highly related to this lack of "CODIFICATION" of the Lyme disease and its different ways of manifesting itself clinically:

### Difficulty to make the diagnosis:

It is well known that some test, to diagnose the disease, result in "NEGATIVE" due to the ability of the causative agent, the *spirochaete borrelia* to "hide (Biofilm) before the diagnostic tests" Many patients with symptoms of different diseases such as meningitis, arthritis, and recurrent fever, in late stages it is discovered that they are lyme "positive" after having multiple tests for the diagnosis, losing a valuable time to initiate an adequate treatment, and the worse thing is that the chronic development of these symptoms, impar the quality of life of patients who are unattended because they do not have a specific diagnosis.

### Resistance to conventional treatment:

Another aspect to consider is that *Borrelia* and its species over time have developed a "great resistance" to conventional therapy with the usual antibiotic treatments: minocycline, doxicicline, amoxicillin, cefuroxime, and many others, leading

patients to the despair at the occurrence of the codification of the symptoms. LYME disease has four stages classically known: Initial (I), Secondary (II), Late (III) Chronic (IV).

### The lack of modernization of the codes for the Lyme disease:

In this modern and globalized world, digitalization and information technology have become essential elements and everything or almost everything has a code, even diseases at the software level, and in the case of lyme disease these must be updated, and this is done based on the evidence reports, studies and publications of the different manifestations of the disease.

Then you will be asking why the Lyme disease needs the update of its codes? If you enter in the World Health Organization (WHO) and look for lyme disease, you will only find two (2) mentions in the subject ZONOSES, transmission by ticks: lyme disease and recurrent fever (*Borreliosis*), and the latest relevant reports in terms of studies of the disease by WHO date from the years 1993 and 1995:

- WHO Workshop on Diagnosis and Surveillance of Lyme Borreliosis. Warsaw, Poland, 20 - 22 June 1995, Ref.: WHO / CDS / VPH / 95.141;
- The countries involved were: Austria, Bulgaria, Czech Republic, Denmark, Yugoslavia, France, Hungary, Ireland, Japan, Holland, Poland, Russia, Sweden, Switzerland, United Kingdom and the United States.
- Report of a WHO Workshop on Lyme *Borreliosis*. Piestany, Slovak Republic, 6 October 1993, Ref: WHO / CDS / VPH / 93.132;



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The countries involved: Germany, Slovakia and the United States. If you read those reports you will notice that they are totally out of date regarding the reality of Lyme disease today.

And I will always give you the answer.

I will place here more than 276 bibliography references classified based on the different manifestations of lyme disease or lyme borreliosis that are sufficient to recognize that beyond "Lyme Disease" and recurrent fever (*Borreliosis*) there are other manifestations of the *boreliosis* that should be codified, digitalized, to give a total coverage to the disease and search of its clinical manifestations.

This "Absence" of codes causes that many patients carrying lyme are not treated adequately, because they do not "Appear in the system" with their respective consequences.

Here I ask the innocent question, what happens is "Unknown" or "Intentioned"? Because to recognize all these IM-PLIED CODES means more public spending by the State and the insurance companies.

1) Congenital Lyme Disease: Potential infection of the foetus with possibility of death<sup>[1-15]</sup>:

- Lyme *boreliosis* in pregnant women.
- *Erlichiosis* and *Borreliosis* in Pregnant Women.
- The Infectious Origins of Stillbirth.
- Intrauterine Transmission of *Borrelia Burgdorferi* in dogs.

2) Lyme Disease: Primary Infection<sup>[16-20]</sup>:

- Newborn dead woman pregnant with Lyme disease.
- Lyme *boreliosis*, implication for the foetus.
- Fetal *boreliosis*, texemia of pregnancy and fetal death.
- Eritema migrans in pregnancy.
- Fetal maternal transmission of lyme disease.
- *Borrelia burdorferi* in newborn.

A.) Primary infection and erythema migrans.

- Primary and secondary erythema migrans.

B.) Primary seronegative infection<sup>[21-26]</sup>.

- Negative antigens against *borrelia burdorferi* in cerebrospinal fluid in neurologic lyme disease.
- Seronegative Lyme disease.
- Seronegative chronic relapsing *neuroborreliosis*.

3.) Lyme disease, persistent infection in secondary and late stage<sup>[27-30]</sup>.

- Persistent infection with antibiotics doxycycline and amoxicillin.
- Isolation of *borrelia burdorferi* from ocular iris.
- Survival of *borrelia burdorferi* after therapy with antibiotic.

4.) Lyme disease, persistent infection in secondary and late stage<sup>[31-40]</sup>:

A.) Cutaneous Manifestations:

- Borrelial Lymphocytoma (BL).
- Acrodermatitis atrophicans<sup>[41-45]</sup>.
- Annulare granuloma<sup>[46-48]</sup>.
- Morphea<sup>[49-51]</sup>.

- Localized scleroderma<sup>[52-54]</sup>.

- Lichen sclerosus and atrophicus<sup>[55-57]</sup>.

B.) Other Cutaneous manifestations<sup>[58-62]</sup>:

- Benign lymphocytic infiltration of jessner kanof.
- Infantile acrodermatitis of gianotti-crosti.
- Atypical erythema multiforme.
- Urticarial vasculitis.

5.) Lyme disease of skin and mucous membranes<sup>[63-65]</sup>:

- Association of Lyme disease with morgellons disease.
- Difusse alopecia<sup>[66-69]</sup>.
- Scleroderma in cup de sabre.
- Pseudopelade of brocq.

6.) Lyme disease and other lesions<sup>[70-72]</sup>:

- Anetoderma.
- Primary and secondary erythema migrans in children.

7.) Lyme disease late stage: meningitis, oculopathy, iridocyclitis, iritis, uveitis<sup>[73-83]</sup>.

- A.) Lyme Meningitis.
- B.) Lyme Oculopathy.
- C.) Lyme Iridocyclitis, Iritis and Uveitis.

8.) Lyme disease secondary and late stage: Nephritis, Hepatitis, Lymphadenopathy, Myositis and Other<sup>[84-107]</sup>.

- A.) Lyme Nephritis.
- B.) Lyme Hepatitis.
- C.) Lyme Lymphadenopathy.
- D.) Lyme Myositis.
- E.) Other Conditions:

  - Perplexing Symptoms.
  - Pancytopenia.
  - Eye Symptoms.

9.) Lyme disease late stage and cardiovascular disease<sup>[108-128]</sup>.

- A.) Aortic Aneurysm.
- B.) Aneurysm of Coronary Arteries.
- C.) Late Endocarditis.
- D.) Carditis.
- E.) Atrioventricular Block.

10.) Lyme disease late stage, neuro-*boreliosis*, neuritis or neuropathy, meningovascular, nb with cerebral infarcts, lyme Parkinsonism, lyme encephalitis<sup>[129-182]</sup>.

- A.) Neuro *Borreliosis* (NB) Late Symptoms.
- B.) Neuritis or Late Neuropathy.
- C.) Neuro *Borreliosis* (NB) Meningovascular with Cerebral Infarcts.
- D.) Intracranial Aneurysm.
- E.) Parkinsonism.
- F.) Late Encephalitis.
- G.) Stroke due to Neuro *boreliosis*.
- H.) Neuro Borreliosis (NB) Unspecific Symptoms:

  - Late Lyme disease (Neuro *Borreliosis*: Comparison and Evidence of the *Spirochetes* and late *Neurosyphilis*.
  - Evidence between the infection of *spirochetes* and Alzheimer's

11.) **Lyme Disease:** Neuro borreliosis, Late Lyme Meningoencephalitis or Meningomyeloencephalitis<sup>[183-212]</sup>.

12.) **Lyme Disease Late Stage:** Atrophic form of Meningoencephalitis with Dementia, Subacute presenile dementia and neuropsychiatric manifestations<sup>[213-243]</sup>.

13.) **Lyme Disease: Late Stage:** Bone, Joint and Musculoskeletal Manifestations<sup>[244-252]</sup>

14.) Lyme Disease, Late Stage: Oculopathy, Liver, Kidney and respiratory manifestations<sup>[253-267]</sup>.

A.) Oculopathy.

B.) Liver and other viscera.

C.) Kidney and ureter.

D.) Bronchia and Lungs.

15.) Lyme Disease, Latent Stage, Unspecified<sup>[268-281]</sup>.

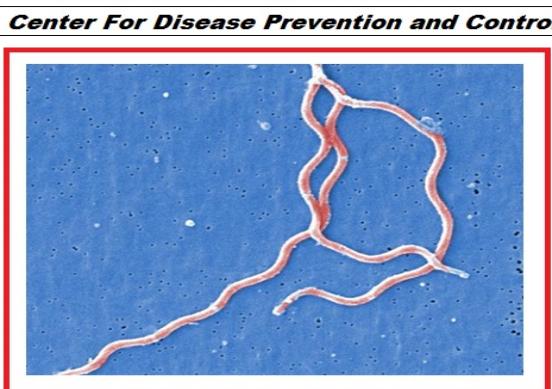
A.) Infection of the Central Nervous System.

B.) Simple Herpes Type 1.

C.) Diseases by Spirochetes of the Central Nervous System.

This classification that you have just read is a summary of the 276 bibliographic references that I describe below which you can find in the best scientific databases such as Pubmed, Medscape, Lilacs etc, if you have some doubt copy and paste of any of them, put it in your browser and you will get the exact information on the mentioned databases.

#### **BORRELIA BURGDORFERI**



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## Conclusion

As you can see, there are enough evidences, to update the codes of Lyme disease in all the databases systems of the planet, to give a total coverage to the diagnosis and treatment of this disease that in my particular way of seeing is becoming the new plague of the 21<sup>st</sup> century. But this does not end here, suddenly you think that some details are missing, some or several questions, which I will explain in the next edition:  
Lyme's Disease, *Syphilis* and Leprosy, the missing link.

Do not miss it!!!

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