

Teaching NeuroImages: Lyme disease presenting as Bannwarth syndrome

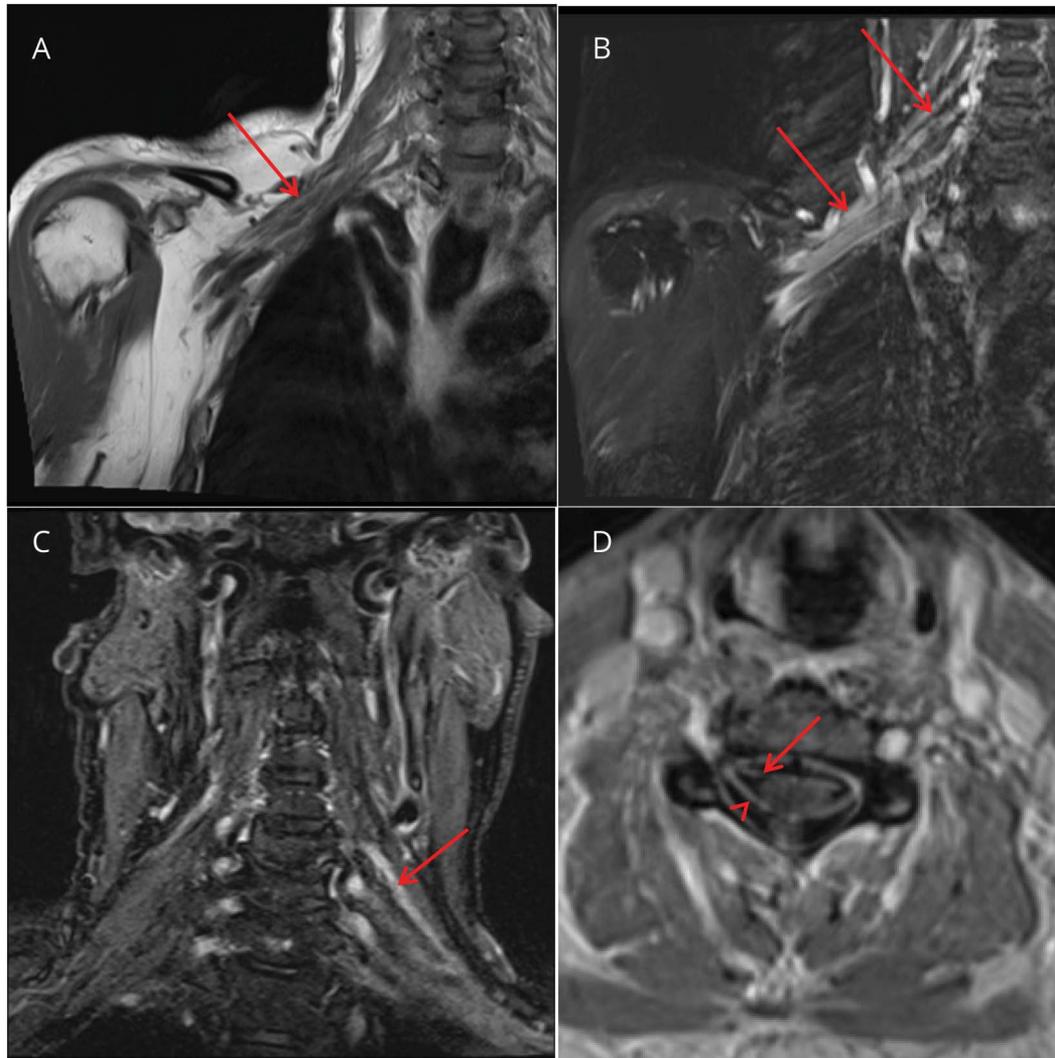
Aman Dabir, MD, and Gauri Pawar, MD

Neurology® 2018;91:e1459-e1460. doi:10.1212/WNL.0000000000006328

Correspondence

Dr. Dabir
amdabir@hsc.wvu.edu

Figure Brachial neuritis and radiculitis due to Lyme disease



T2-weighted images of right brachial plexus without contrast (A) show nerves of the plexus (arrow), which enhance after gadolinium injection (B). Short T1 inversion recovery images show enlarged nerves of the left brachial plexus (C). T1-weighted images with gadolinium show enhancing dorsal (arrowhead) and ventral (arrow) nerve roots (D).

A 63-year-old right-handed man presented with a 4-week history of bilateral arm weakness, radicular pain, fever, and areflexia. CSF analysis revealed elevated protein (243 mg/dL) and lymphocytic pleocytosis (234 cells/ μ L). Imaging revealed enhancement of the brachial plexus

MORE ONLINE

→ Teaching slides

links.lww.com/WNL/A699

From the Department of Neurology, West Virginia University, Morgantown.

Go to Neurology.org/N for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the article.

Copyright © 2018 American Academy of Neurology

Copyright © 2018 American Academy of Neurology. Unauthorized reproduction of this article is prohibited.

(figure, B–C) and spinal nerve roots (figure, D). Lyme antibody titers were raised in serum and CSF.

Lyme disease can rarely present as Bannwarth syndrome. It consists of an aseptic meningitis, limb weakness, and severe radicular pain.^{1,2} Radiculoneuritis occurs in about 3% of confirmed cases of Lyme disease.² Standard antimicrobial regimens are well-tolerated and highly effective.²

Author contributions

Aman Dabir: data acquisition, drafting manuscript. Gauri Pawar: revising manuscript for intellectual content.

Study funding

No targeted funding reported.

Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

References

1. Pfister HW, Einhäupl K, Preac-Mursic V, Wilske B, Schierz G. The spirochetal etiology of lymphocytic meningoradiculitis of Bannwarth (Bannwarth's syndrome). *J Neurol* 1984;231:141–144.
2. Halperin JJ. Nervous system Lyme disease. *Handb Clin Neurol* 2014;121:1473–1483.

Neurology®

Teaching NeuroImages: Lyme disease presenting as Bannwarth syndrome

Aman Dabir and Gauri Pawar

Neurology 2018;91:e1459-e1460

DOI 10.1212/WNL.0000000000006328

This information is current as of October 8, 2018

Updated Information & Services	including high resolution figures, can be found at: http://n.neurology.org/content/91/15/e1459.full
References	This article cites 2 articles, 0 of which you can access for free at: http://n.neurology.org/content/91/15/e1459.full#ref-list-1
Subspecialty Collections	This article, along with others on similar topics, appears in the following collection(s): Bacterial infections http://n.neurology.org/cgi/collection/bacterial_infections Cerebrospinal Fluid http://n.neurology.org/cgi/collection/cerebrospinal_fluid Meningitis http://n.neurology.org/cgi/collection/meningitis Neuropathic pain http://n.neurology.org/cgi/collection/neuropathic_pain
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://www.neurology.org/about/about_the_journal#permissions
Reprints	Information about ordering reprints can be found online: http://n.neurology.org/subscribers/advertise

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright © 2018 American Academy of Neurology. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

