Teaching NeuroImages: Lyme disease presenting as Bannwarth syndrome

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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

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(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.

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